CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commis 00088039 | sion Filers) | 2 Total pages file | |
|------------------------------------|---|------------------|--|-------------------------------------|---|------------------|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST Vincent | | MI | | ISE ONLY |
| NAME | | | | | Date Received ELECTRONICA | LLY FILED |
| | NICKNAME | LAST Perez | | SUFFIX | 02/05/2024 | |
| | | | | | Data Hand daliment on | Data Dastrandard |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; APT / 649 Londonderry Road | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Receipt # | Amount |
| ADDRESS Change of Address | El Paso, TX 79907 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER | | FIRST Jorge | | MI | | |
| NAME | | | | | | |
| | | LAST Perez | | SUFFIX | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO 7950 San Paulo Drive | BOX PLEASE); | APT | / SUITE #; CITY; | STA | TE; ZIP CODE |
| (Residence or Business) | El Paso, TX 79915 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHON (915) 740-1228 | E NUMBER E | EXTENSION | | | |
| 8 REPORT TYPE | January 15 X | 30th day before | election \square | Runoff Exceeded modified | 15th day after cam appointment (offic Final Report (Attac | eholder only) |
| | | - | | reporting limit | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | TH | IROUGH | Month Day 01/25/202 | Year 4 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | rimary seneral | ELECTION TYPE Runoff Special | Other | |
| | | | | l | | |
| 11 OFFICE | OFFICE HELD (if any) None Place El Paso Distrio | ct 77 El Paso | | 12 OFFICE SOUGHT State Represent | (if known) ative Place El Pas | so District 77 |
| | • | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

| 13 C / OH NAME | Perez, Vincent | | 14 Filer ID 00088039 | (Ethics Commission Filers) |
|--|----------------------------------|---|---|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political These expenditures may have been made officeholders are required to report this in | e without the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| ⊔ ° | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER | RNAME | |
| | | COMMITTEE CAMPAIGN TREASURER | R ADDRESS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTI ES OF LOANS, OR CONTRIBUTIONS M. | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES C | DF LOANS) | \$ 3,100.00 |
| EXPENDITURE TOTALS | \$ 0.00 | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 19,122.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS (RIOD | OF THE LAST DAY OF THE | \$ 11,250.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LO | DANS AS OF THE LAST DAY | \$ 20,000.00 |
| 17 AFFIDAVIT | | | der penalty of perjury, that the ac ncludes all information required t on Code. | |
| | | | Vincent Perez | |
| | | Siç | gnature of Candidate or Officeho | lder |
| AFFIX NO | TARY STAMP / SEAL ABO | OVE | | |
| 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 o | office. | |
| Signature of office | cer administering | Printed name of officer administerin | g Title of office | r administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | CC | 3 of 14 |
|---------------|--------------------|---|-----------------------------|----------------------------|
| 18 FIL Pei | ER NAN rez, Vir | | 19 Filer ID 00088039 | (Ethics Commission Filers) |
| 20 SC NA | HEDULI ME OF : | SUBTOTAL AMOUNT | | |
| 1. | Х | \$ 3,100.00 | | |
| 2. | | \$ | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE E: LOANS | | \$ |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 19,122.75 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 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 | DNS | \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ |
| | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTIO | NS | | | SCHEDUL | E A1 |
|---|---|--|--|--|---|---------------------------|-------------------|------------|
| | The Instru | ction Guide explains how t | o complete this fo | orm. | 1 | Total pages Sch: 1/1 R | s Schedule A1: | |
| 2 | FILER NAME Perez, Vince | ent | | | 3 | | Ethics Commission | on Filers) |
| 4 | Date 01/24/2024 | 5 Full name of contributor Texas Automobile Dealers A6 Contributor address; City; State | |) | 7 | Amount of 0 | Contribution (\$) | \$1,000.00 |
| 8 | Austin , TX 78701 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | | | | | | | |
| | Date 01/24/2024 | Full name of contributor Vallejo, Veronia & Rudy Contributor address; City; State | out-of-state PAC (ID#:_ | | | Amount of 0 | Contribution (\$) | \$100.00 |
| | Principal occu | El Paso, TX 79902 pation / Job title (See Instructions) | | Employer (See Instructions El Paso District Attorney | | | | |
| | Date 01/11/2024 | Full name of contributor Zamora, Richard (CEO) Contributor address; City; State San Antonio , TX 78260 | out-of-state PAC (ID#:_ e; Zip Code |) | | Amount of 0 | Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions Texas Infrastructure De | | opment | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/10 Rpt: 5/14 | Perez, Vincent 00088039 |
| 4 | Date | 5 Payee name |
| | 01/20/2024 | Campaign Verify |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$95.00 | 1215 31st Street NW |
| | | |
| | | Washingt, DC 20007-9998 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense 10DLC verification |
| | | TODEC Verification |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| ⊨ | Date | Payee name |
| | 01/10/2024 | Carmona , Mario (Mr.) |
| ┝ | | ` ' |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,600.00 | |
| | | |
| L | | El Paso, TX 79907 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Canvassing |
| | | Canvassing |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 01/24/2024 | Carrasco , Luis (Mr.) |
| L | Amount (\$) | · · |
| | \$162.00 | Payee address; City; State; Zip Code |
| | \$102.00 | |
| | | 51 Dana TV 70040 |
| | | El Paso, TX 79912 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Canvassing |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/O | |
| \vdash | | |
| | | |
| I | | |

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 2/10 Rpt: 6/14 | Perez, Vincent 00088039 |
| 4 | Date | 5 Payee name |
| | 01/13/2024 | Circle K |
| 6 | Amount (\$) \$30.60 | 7 Payee address; City; State; Zip Code 1239 N Zaragoza El Paso, TX 79907 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas canvassing |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/21/2024 | Circle K |
| | Amount (\$) \$33.19 | Payee address; City; State; Zip Code 1239 N Zaragoza El Paso, TX 79907 |
| | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas for canvasser |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/25/2024 | Cognent |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 536421 |
| | | Orlando, FL 32853 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website management/digital advertising/consulting |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | 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: 3/10 Rpt: 7/14 | Perez, Vincent 00088039 |
| 4 | Date | 5 Payee name |
| | 01/24/2024 | Druiy, Nicole |
| 6 | Amount (\$) \$450.00 | 7 Payee address; City; State; Zip Code El Paso, TX 79915 |
| Ļ | - DUDDOOF | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held H |
| | Date | Payee name |
| | 01/22/2024 | El Paso Mail and Print Service |
| | Amount (\$) \$6,131.16 | Payee address; City; State; Zip Code 1144 Vista de Oro |
| | | El Paso, TX 79935 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing & postage expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/25/2024 | El Paso Mail and Print Service |
| | Amount (\$) \$1,874.79 | Payee address; City; State; Zip Code 1144 Vista de Oro |
| | | El Paso, TX 79935 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing and postage expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held H |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|----------------------------|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | <u> </u> | | | | | | | |
| | Sch: 4/10 Rpt: 8/14 | Perez, Vincent 00088039 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 01/17/2024 | FEDEX | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$8.93 | 1404 N Lee Trevino Dr, Suite 106 | | | | | | | |
| | | | | | | | | | |
| | | El Paso, TX 79936 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | copies | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| 9 | expenditure to benefit C/O | | | | | | | | |
| | | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/01/2024 | IQM Corporation | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$500.00 | 22 Jericho Turnpike Suite 108 | | | | | | | |
| | | | | | | | | | |
| | | Mineola, NY 11501 | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense Digital advertising | | | | | | | |
| | | Digital davertising | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/24/2024 | Lopez, Fatima | | | | | | | |
| | | Payee address; City; State; Zip Code | | | | | | | |
| | Amount (\$) \$153.00 | rayee address, City, State, Zip Code | | | | | | | |
| | Ψ133.00 | | | | | | | | |
| | | El Daca TV 70036 | | | | | | | |
| | | El Paso, TX 79936 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Canvassing | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/O | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | Travel Out of District OTHER (enter a category not listed above) | | | | |
|--|-----------------------------|----------|---|---------------------|-----------------------|-------------|------|------------------|---|---------------------|--------------|--------------------|---|
| | , | | | | n Guide explains | s how to co | mple | ete this form. | | | | | _ |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ξ | | | | | 3 | Filer ID | (Ethics C | commission Filers) | |
| | Sch: 5/10 Rpt: 9/14 | | Perez, Vinc | ent | | | | | | 00088039 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 01/07/2024 | | Office Depo | ot | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | e; Zip Co | de | | | | | | |
| | \$128.46 | l | 1111 Geror | | | | | | | | | | |
| | 4120110 | | 1111 00:0: | 21. | | | | | | | | | |
| | | | El Paso, T | 79925 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (c | aa Catagoriaa liata | at the top of this so | ah a dula) | (b) | Description | | | | | |
| | OF | | | head/Rental | | riedule) | (-, | _ | outsio | le of Texas. Com | olete Schedu | ule T. | |
| | EXPENDITURE | | Onioc Over | nead/rentar | Ехрепос | | | Check if Austin, | TX, | officeholder living | expense | | |
| | | | | | | | | office supplies | S | | | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ceholder name | | Office sou | aht | | | Office he | ıld | | |
| _ | expenditure to benefit C/OI | | Janara actor On | - Consider Ham | | | 9.11 | | | 011100 110 | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 01/07/2024 | | Office Depo | ot | | | | | | | | | |
| | Amount (\$) | \vdash | Payee addre | ss; City; | State | e; Zip Co | de | | | | | | |
| | \$66.00 | l | 1111 Geror | • | | -, -,- | | | | | | | |
| | Ψ00.00 | | 1111 00101 | iiiiio Di. | | | | | | | | | |
| | | | El Paso, TX | 79925 | | | | | | | | | |
| | PURPOSE | (a) | Category (s | no Catogorios listo | at the top of this so | shodulo) | (b) | Description | | | | | |
| | OF | | | head/Rental | | iledule) | ` ' | _ | outsio | de of Texas. Com | plete Schedu | ule T. | |
| | EXPENDITURE | | 011100 0101 | noad, rental | _ пропос | | | Check if Austin, | TX, | officeholder living | expense | | |
| | | | | | | | | office supplies | S | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Off | ceholder name | <u> </u> | Office sou | ght | | | Office he | eld | | |
| | expenditure to benefit C/O | Н | | | | | - | | | | | | |
| | Dete | | | | | | | | | | | | = |
| | Date | | Payee name | | | | | | | | | | |
| | 01/11/2024 | | Office Depo |)Ţ | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | e; Zip Co | de | | | | | | |
| | \$56.27 | | 1111 Geror | nimo Dr. | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | El Paso, T | 79925 | | | | | | | | | |
| _ | PURPOSE | (a) | Category (S | ee Categories liste | at the top of this so | chedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Office Over | head/Rental | Expense | | | ш | | le of Texas. Com | | ule T. | |
| | EXI ENDITORE | | | | | | | — | | officeholder living | expense | | |
| | | | | | | | | office supplies | S | | | | |
| | | L | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Off | ceholder nam | 9 | Office sou | ght | | | Office he | eld | | |
| | expenditure to benefit C/OF | Н | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee Lega | wards/Memorials Exp Services Instruction Guide | Si | | ages/ | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed a | bove) |
|----------|--|---------------------|-------------------------------------|--|-------------------|---------------|-------------|--------------------|--------|-------------------------------------|---------------------------------|--------------|
| Ļ | | - | | monucion Guide | c capianis nov | ** 10 0011 | iihie | - | _ | | /= · | |
| 1 | Total pages Schedule F1: | I | | | | | | | 3 | Filer ID | (Ethics Commis | sion Filers) |
| | Sch: 6/10 Rpt: 10/14 | ┝ | Perez, Vincent | | | | | | | 00088039 | | |
| 4 | Date | ı | Payee name | | | | | | | | | |
| L | 01/13/2024 | | Office Depot | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; Z | Zip Cod | de | | | | | |
| | \$240.77 | | 1111 Geronimo | Dr. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | El Paso, TX 79 | 925 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Ca | egories listed at the to | op of this schedu | ıle) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhea | | | | | Check if travel of | outsio | de of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | | | | | | — | | officeholder living | j expense | |
| | | | | | | | | office supplies | S | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeho | older name | Offic | ce soug | ght | | | Office he | eld | |
| | expenditure to benefit C/OF | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| L | 01/20/2024 | | Peerly | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Z | Zip Cod | de | | | | | |
| | \$359.82 | | 2232 Dell Rang | e Blvd | | | | | | | | |
| | | | #287 | | | | | | | | | |
| | | | Cheyenne, WY | 82009 | | | | | | | | |
| \vdash | PURPOSE | ┡ | | | | ,, <u> </u> , | (h) | Description | | | | |
| | OF | | Category (See Ca Peer-to-Peer te | | op of this schedu | ııe) | (~ <i>)</i> | _ · | outsio | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | reer-to-reer te | xurig | | | | = | | officeholder living | | |
| | | | | | | | | Short Messag | ge S | Service (SM | S) | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeho | lder name | Offic | ce soug | ght | | | Office he | eld | |
| | expenditure to benefit C/O | H | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 01/22/2024 | | Peerly | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Z | Zip Cod | de | | | | | |
| | \$359.82 | | 2232 Dell Rang | e Blvd | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Cheyenne, WY | 82009 | | | | | | | | |
| | PURPOSE | (a) | Category (See Ca | egories listed at the to | op of this schedu | ıle) | (b) | Description | | | | |
| | OF EXPENDITURE | | Peer-to-Peer te | | | | | ш | | | plete Schedule T. | |
| | TAI LIADITORE | | | | | | | ш | | officeholder living | • | |
| | | | | | | | | Short messag | ge s | service (SM: | 5) | |
| | Complete ONLY if direct | $\overline{\Gamma}$ | Condidate /Office - In- | ldor nors | O#: | 00.000 | vb± | | | Office | ald. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeho | nuer name | Offic | ce soug | JIII | | | Office he | eiu | |
| | | | | | | | | | | | | |
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 co | omplete this fo | orm. | | | | |
|--|--|-----------------|--|----------------------------|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | (Ethics Commission Filers) | | | |
| Sch: 7/10 Rpt: 11/14 | Perez, Vincent | | 00088039 | | | | |
| 4 Date | 5 Payee name | | • | | | | |
| 01/24/2024 | Peerly | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode | | | | | |
| \$359.82 | | | | | | | |
| | | | | | | | |
| | Cheyenne, WY 82009 | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip | tion | | | | |
| OF EXPENDITURE | Peer-to-Peer texting | | k if travel outside of Texas. Con | nplete Schedule T. | | | |
| EXPENDITORE | | | k if Austin, TX, officeholder living | | | | |
| | Short message service (SMS) | | | | | | |
| 2 | 2 5 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | <u> </u> | 0,50 | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ught | Office h | eld | | | |
| ' | | | | | | | |
| Date | Payee name | | | | | | |
| 01/25/2024 | Prado, Victoria | | | | | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | | | | | |
| \$800.00 | | | | | | | |
| | | | | | | | |
| | El Paso, TX 79912 | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip | tion | | | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor | ı = | k if travel outside of Texas. Con | | | | |
| | | ı — | k if Austin, TX, officeholder livin :anvass | y expense | | | |
| | | 10101 0 | anvass | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office so | <u> </u> | Office h | eld | | | |
| expenditure to benefit C/O | | -9 | | | | | |
| Date | Payee name | | | | | | |
| 01/06/2024 | Renegade Public Affairs | | | | | | |
| Amount (\$) | Payee address; City; State; Zip C | nde | | | | | |
| \$1,840.00 | rayee address, City, State, Zip C | oue | | | | | |
| Ψ1,040.00 | | | | | | | |
| | El Paso, TX 79912 | | | | | | |
| DUDDOGE | | 100 - 1 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Descrip | v tION k if travel outside of Texas. Con | nnlete Schedule T | | | |
| EXPENDITURE | Advertising Expense | | k if Austin, TX, officeholder living | • | | | |
| | | text me | essages/voter data | | | | |
| | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office so | ught | Office h | eld | | | |
| expenditure to benefit C/O | Н | | | | | | |
| | | | | | | | |
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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/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid | rpense F | | ense ges/Contract Labor | Travel in Dist Travel Out of OTHER (ente | |
|---|--|---------------------------|---|-------------------|------------|----------------------------|--|---|
| 1 | Total pages Schedule F1: Sch: 8/10 Rpt: 12/14 | 2 FILER NAM Perez, Vin | | | | | 3 Filer ID 00088039 | (Ethics Commission Filers) |
| 4 | | | | | | | 0000000 | |
| 4 | Date 01/18/2024 | 5 Payee name Rodriguez | e , Adalberto | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; | Zip Cod | е | | |
| | \$846.09 | 1438 Jim L | arabel | | | | | |
| | | El Paso, T | X 79936 | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the t | top of this sched | ule) (I | Description | | |
| | OF EXPENDITURE | | /ages/Contract Lab | | | Check if travel | | omplete Schedule T. |
| | | | | | | Canvassing | n, TX, officeholder liv | ring expense |
| | | | | | | Carraconing | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oł | | ficeholder name | Off | fice sougl | nt | Office | held |
| H | Date | Payee name | | | | | | |
| | 01/23/2024 | , | , Adalberto | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Cod | e | | |
| | \$619.82 | 1438 Jim L | _arabel | | | | | |
| | | | | | | | | |
| | | El Paso, T | X 79936 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the | top of this sched | ule) (I | Description | | |
| | OF EXPENDITURE | Salaries/W | /ages/Contract Lab | or | | = | outside of Texas. C n, TX, officeholder liv | omplete Schedule T. rina expense |
| | | | | | | Canvassing | ,, 2 | ∀ |
| | | | | | | - | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Off | fice sougl | nt | Office | held |
| | Date | Payee name | e | | | | | |
| | 01/24/2024 | SQ*GOKIN | M DESIGN | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; | Zip Code | e | | |
| | \$500.00 | 3635 Dom | iny Ln | | | | | |
| | | #535 | | | | | | |
| | | Fort Worth | , TX 76116 | | | | | |
| | PURPOSE OF | | See Categories listed at the t | | ule) (I | Description | | |
| | EXPENDITURE | Salaries/W | /ages/Contract Lab | or | | | outside of Texas. C n, TX, officeholder liv | omplete Schedule T. ring expense |
| | | | | | | Graphic Desi | | • |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Off | fice sougl | nt | Office | held |
| | | | | | | | | |
| | | | | | | | | |
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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

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

| | 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: 9/10 Rpt: 13/14 | Perez, Vincent | 00088039 | | | | | |
| 4 | | 5 Payee name | | | | | | |
| L | 01/11/2024 | Texas Democratic Party | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$1,300.00 | PO Box 15707 | | | | | | |
| | | A TV 70704 | | | | | | |
| Ļ | | Austin , TX 78761 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Fees | Description Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | rees | Check if Austin, TX, officeholder living expense | | | | | |
| | | | VAN/Voter Data | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | | |
| L | · | | | | | | | |
| | Date | Payee name | | | | | | |
| | 01/13/2024 | Walgreens | | | | | | |
| | Amount (\$) \$6.27 | Payee address; City; State; Zip Code | | | | | | |
| | Φ0.27 | N Zaragoza Rd. | | | | | | |
| | | El Paso, TX 79907 | | | | | | |
| H | PURPOSE | | Description | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | φ | Check if Austin, TX, officeholder living expense | | | | | |
| | | | office supplies | | | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| H | Date | Payee name | | | | | | |
| | 01/08/2024 | West Side Democrats | | | | | | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$75.00 405 Valplano Dr. | | | | | | | |
| | | | | | | | | |
| | | El Paso, TX 79912 | | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | | | | |
| | OF EXPENDITURE | Fees | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | Check if Austin, TX, officeholder living expense membership fee/event expense | | | | | |
| | | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | |
| | expenditure to benefit C/OI | | | | | | | |
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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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Git/Awards/Memorials E Legal Services The Instruction Gui | Sa | | ages | Contract Labor | | OTHER (enter | a category not listed above) |
|----------|--|----------|------------------------------|---|-----------------|----------|------|----------------------------------|--------|-------------------|------------------------------|
| | | _ | | | ue explains now | / to com | ipie | - | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | Filer ID | (Ethics Commission Filers) |
| | Sch: 10/10 Rpt: 14/14 | | Perez, Vince | ent | | | | | | 00088039 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 01/07/2024 | | michaels | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Z | in Cod | le | | | | |
| | \$12.97 | | 1313 George Dieter Dr. Ste C | | | | | | | | |
| | + | | | | | | | | | | |
| | | | El D TV | 70000 | | | | | | | |
| | | | El Paso, TX | 79936 | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at the | | e) (| (b) | Description | | | |
| | EXPENDITURE | | Office Overh | nead/Rental Exp | ense | | | <u> </u> | | | mplete Schedule T. |
| | | | | | | | | Check if Austin, office supplies | | onicenoider livir | ig expense |
| | | | | | | | | office supplies | 3 | | |
| <u>_</u> | Operation ONE VIII II | <u> </u> | O | | 0.00 | | l- r | | | 6 | 1.4 |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | cenoider name | Отпо | e soug | nt | | | Office h | nela |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 01/13/2024 | | michaels | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Z | ip Cod | le | | | | |
| | \$12.97 | | 1313 Georg | e Dieter Dr. Ste | С | | | | | | |
| | | | | | | | | | | | |
| | | | El Paso, TX | 79936 | | | | | | | |
| | PURPOSE | (2) | | | | 1, | (h) | Description | | | |
| | OF | (a) | | e Categories listed at the | | e) | (U) | Description Check if travel of | outsid | de of Texas, Cor | mplete Schedule T. |
| | EXPENDITURE | | Office Over | nead/Rental Exp | ense | | | Check if Austin, | | | |
| | | | | | | | | office supplies | S | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | Offic | e soug | ht | | | Office h | neld |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
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