CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to comp | lete this form. | 1 Filer ID (Ethics Comm 00066066 | | 2 Total pages file 60 | |
|-------------------------------|----------------------------|-----------------|--|--------------------|--------------------------|-------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | 0000000 | , MI | | |
| OFFICEHOLDER | | | | IVII | OFFICE U | ISE ONLY |
| NAME | The Honorable | Charles L. | | | Date Received | |
| | | | | | ELECTRONICA | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 07/15/2024 | |
| | | Perry | | | | |
| | | | | | Date Hand-delivered or | Data Dastroadural |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | /SUITE#; CI | IY; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| MAILING | P.O. Box 94806 | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Lubbook TX 70402 | | | | | |
| Change of Address | Lubbock, TX 79493 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | Ũ | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| 5 CAMPAIGN TREASURER | | | | IVII | | |
| NAME | Mr. | Gary | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Swann | | | | |
| | | Swann | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PC | BOX PLEASE); | AP | T / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | PO Box 53730 | | | | | |
| ADDRE35 | | | | | | |
| (Residence or Business) | | | | | | |
| | Lubbock, TX 79453 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHO | NE NUMBER | EXTENSION | | | |
| TREASURER PHONE | (806) 794-3344 x106 | | | | | |
| THOME | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day befor | e election | Runoff | 15th day after carr | npaign treasurer |
| | | | | L_ | appointment (office | eholder only) |
| | X July 15 | 8th day before | election | Exceeded modified | Final Report (Attac | ch C/OH-FR) |
| | | | | reporting limit | 4 | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | | т | HROUGH | | | |
| | 01/01/2024 | | ROOGH | 06/30/2024 | + | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | F F | Primary | Runoff | Other | |
| | | | General | Special | _ | |
| | | | Seneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | State Senator District 28 | | | State Senator Dis | strict 28 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO ' | TO PAGE 2 | | | |
| | | | | | | |
| Forms provided by Te | exas Ethics Commission | www.e | thics.state.tx.u | S | Versio | n V4.1.0.d378aba0 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 60

| EXPENDITURE 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74,208.2 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE BALANCE \$ 93,345.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 1.408,723.0 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 0.0 1. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 2. JUST ANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.0 </th <th>13 C / OH NAME</th> <th>Perry, Charles L. (The</th> <th>e Honorable)</th> <th>14 Filer ID (E 00066066</th> <th>Ethics Commission Filers)</th> | 13 C / OH NAME | Perry, Charles L. (The | e Honorable) | 14 Filer ID (E 00066066 | Ethics Commission Filers) |
|---|-------------------|----------------------------|--|----------------------------|---------------------------|
| COMMITTEE ADDRESS SPECIFIC COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TO TALL UNITERMITTER S COMMITTEE CAMPAIGN TO ALL OUTSTANDING LOANS AS OF THE LAST DAY COMMITTEE REPORTING PERIOD COMMITTER REPORTING PERIOD COMMITTER REPORTING PERIOD COMMITTEE REPORTING PERIOD COMMITTEE CAMPAIGN TO ALL OUTSTANDING LOANS AS OF THE LA | FROM POLITICAL | candidate / officeholder. | These expenditures may have been made without t | he candidate's or officel | holder's knowledge or |
| COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TO FAIL OUTSTANDING LOANS AS OF THE LAST DAY COMTENT AND TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY COMTENT AND TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTION OF ALL OUTSTANDING LOANS AS OF THE LAST DAY COMTENT AND TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SUDAT ADDRESS SUDAT TOTAL POLITICAL MADINT O | | COMMITTEE TYPE | | | |
| EVENDTURE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION 1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (MADE ELECTRONICALLY) S 0.0 OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (MADE ELECTRONICALLY) S 0.0 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR OUTSTANDING 1. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) S 0.0 OUTSTANDING 1. TOTAL POLITICAL EXPENDITURES S 0.0 OUTSTANDING 1. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S 1.408,7230 OUTSTANDING 1. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 0.0 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 0.0 OUTSTANDING 1. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 0.0 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 0.0 OUTSTANDING 1. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 0.0 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 0.0 OUTSTANDING 1. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 0.0 DUAR TOTALS Iswear, or affirm, under penalty of periury, that the accompanying report is under Title 15, Election Code. The HONOrable Charles L. Perry Idve and conferent includes all information required to be reported by me under Title 15, Election Code. Syorm to and subscribed before me, by the said, this the day , to certify which, witness my hand and seal of office. Syorm to and subscribed before me, by the said | | GENERAL | | | |
| | | | COMMITTEE ADDRESS | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS CONTRIBUTION CONTRIBUTIONS CONTRIBUTIONS MADE ELECTRONICALLY) S CONTRIBUTION CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) CONTRIBUTIONS CONTRIBUTION CONTRIBUTION CONTRIBUTIONS CONTRIBUTION CONTRAL CONTRIBUTION CONTRAL CONTRIBUTION CONTRAL CONTRAL | | SPECIFIC | | | |
| 10 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.0 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74.208.2 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74.208.2 2. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 93.345.6 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 1.408,723.0 OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ 0.00 17 AFFIDAVIT Lewear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officerholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. | | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.0 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74,208,2 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 93,345,6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 1,408,723,0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said, to certify which, witness my hand and seal of office. Title of officer administering oath | | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | |
| TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.0 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74,208,2 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 93,345,6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 1,408,723,0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said, to certify which, witness my hand and seal of office. Title of officer administering oath | | | | | |
| COTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 74,208.2 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 93,345.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,408,723.0 OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscribed before me, by the said, to certify which, witness my hand and seal of office. Title of officer administering oath | | | | | \$ 0.00 |
| TOTALS \$ 0.0 4. TOTAL POLITICAL EXPENDITURES \$ 93,345.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,408,723.0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. | | | | 3) | \$ 74,208.25 |
| S 93,345.6 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,408,723.0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder Sworn to and subscribed before me, by the said | | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| BALANCE REPORTING PERIOD \$ 1,408,723.0 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. AFFIX NOTARY STAMP / SEAL ABOVE The Honorable Charles L. Perry Signature of Candidate or Officeholder Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. | | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 93,345.69 |
| LOAN TOTALS OF THE REPORTING PERIOD \$ 0.0 17 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. Title of officer administering oath | | | | AST DAY OF THE | \$ 1,408,723.06 |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Charles L. Perry Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the, this the day of, to certify which, witness my hand and seal of office. Signature of officer administering | | | | OF THE LAST DAY | \$ 0.00 |
| Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the, this the day of, 20, to certify which, witness my hand and seal of office. Signature of officer administering Printed name of officer administering Title of officer administering oath | 17 AFFIDAVIT | | true and correct and includes al | | |
| AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the, this the day of, 20, to certify which, witness my hand and seal of office. Signature of officer administering Printed name of officer administering Title of officer administering oath | | | The Hono | rable Charles L. Perr | у |
| Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office. Signature of officer administering Printed name of officer administering Title of officer administering oath | | | Signature of | Candidate or Officehold | ler |
| of, 20, to certify which, witness my hand and seal of office. Signature of officer administering Printed name of officer administering Title of officer administering oath | AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| of, 20, to certify which, witness my hand and seal of office. Signature of officer administering Printed name of officer administering Title of officer administering oath | 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. | | |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba | | | | | _ |

| SI | JBT | OTALS - C/OH | C | | DRM C/OH HEET PG 3 3 of 60 |
|----------------|-----|---|-------------------------|-------------|----------------------------------|
| 18 FILI Per | | ME arles L. (The Honorable) | 19 Filer ID 00066066 | (Ethics Cor | nmission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBT | OTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 74,208.25 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 82,991.15 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | |
| 8. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 10,354.54 |
| 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 TO FILER | RETURNED | \$ | |
| | | | | | |

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/11 Rpt: 4/60 | |
|---|----------------|---|------------------------------|-----|---|-------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| ľ | | es L. (The Honorable) | | | 00066066 | 5111 11013) |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/20/2024 | Atmos Energy Corporation PAC | | | | \$3,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dallas, TX 75240 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | |) | | Amount of Contribution (\$) | |
| | 02/27/2024 | Austin Firefighters Association PAC | | | | \$2,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78752 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/24/2024 | Brown, Cory | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Abilene, TX 79602 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| _ | Date | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 02/01/2024 | Buck, Tonya | | | /ouni or continuation (+) | \$26.03 |
| | | Contributor address; City; State; Zip Code | | | | +20.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Lubbock, TX 79412 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | I;) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/23/2024 | Cantella, Chad (Mr.) | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | ,, | | | | |
| | | | | | | |
| | | Austin, TX 78733 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/11 Rpt: 5/60 | |
|----------|----------------|---|---|----------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Perry, Charle | es L. (The Honorable) | | | 00066066 | |
| 4 | Date | 5 Full name of contributor X out-of-state PAC (ID#: <u>C</u> |) | 7 | Amount of Contribution (\$) | |
| | 02/27/2024 | Centene Corporation PAC | | | | \$1,500.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | St. Louis, MO 63105 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/08/2024 | Centerpoint Energy Inc. PAC | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Hauston TV 77210 | | | | |
| <u> </u> | Dringing oog | Houston, TX 77210 | Employer (See Instructions) | <u> </u> | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/10/2024 | Chapman, Randall (Mr.) | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Austin, TX 78704 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| — | Date | Full name of contributor X out-of-state PAC (ID#: C |) | | Amount of Contribution (\$) | |
| | 05/15/2024 | Corteva Inc Employees PAC | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Washington, DC 20001 | | | | |
| ⊢ | Drincinal occu | upation / Job title (See Instructions) | Employor (See Instructions | <u> </u> | | |
| | | | Employer (See Instructions) |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/27/2024 | DECPAC | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Oklahoma City, OK 73102 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | I | | | | |
| | | | | | | |

| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this fe | orm. | 1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/60 |
|----------------------------------|---|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | es L. (The Honorable) | | 00066066 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/27/2024 | ExxonMobil PAC | | \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Irving , TX 75039 | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | ;) ;) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/10/2024 | Hall, A.M. | | \$50.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Lubbock, TX 79423 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/01/2024 | | | \$20.82 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Lubbock, TX 79413 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> |
| | | | 7 |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/01/2024 | Harris, Jessica | / | \$20.82 |
| VL , VL , <u>-</u> | Contributor address; City; State; Zip Code | | · · · · · |
| | | | |
| | | | |
| | Lubbock, TX 79413 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | 1 | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/01/2024 | Harris, Jessica | | \$20.82 |
| | Contributor address; City; State; Zip Code | | |
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| | | | |
| | Lubbock, TX 79413 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/11 Rpt: 7/60 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Perry, Charles L. (The Honorable) 00066066 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/01/2024 Harris, Jessica \$20.82 6 Contributor address; City; State; Zip Code Lubbock, TX 79413 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2024 Harris, Jessica \$20.82 Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/01/2024 \$20.82 Harris, Jessica Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/10/2024 \$300.00 Hart, Jeryl Contributor address; City; State; Zip Code Luboock, TX 79416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/09/2024 \$1,000.00 Harward, Heather Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Director** H204Texas

| - | | | | | | | |
|-----|----------------------|---------------------------------------|-------------------------|---|----------|---|--------------------------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/11 Rpt: 8/60 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | 1 Filers) |
| | | es L. (The Honorable) | | | | 00066066 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 01/24/2024 | Head, Howard (Mr.) | | | | | \$200.00 |
| | | 6 Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | Childress, TX 79201 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions) |) | | |
| | | | | | | | |
| ╞ | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/25/2024 | Heinrich , Bobbye | | | | | \$52.05 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Lubbock, TX 79423 | | | | | |
| | Principal occu VP | pation / Job title (See Instructions) | | Employer (See Instructions) University Medical Cente | | | |
| ╘ | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | ¢50.05 |
| | 02/25/2024 | Heinrich , Bobbye | | | | | \$52.05 |
| | | Contributor address; City; Sta | ale; Zip Code | | | | |
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| | | Lubbock, TX 79423 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | I | Employer (See Instructions) |) | | |
| | VP | | | University Medical Cente | er | | |
| Γ | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 03/25/2024 | Heinrich , Bobbye | | | | | \$52.05 |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | Lubbock, TX 79423 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) | <u> </u> | | |
| | VP | | | University Medical Center | | | |
| ╞ | | Full name of contributor | | | | Amount of Contribution (f) | |
| | Date 04/25/2024 | Heinrich , Bobbye | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$52.05 |
| | 04/20/2024 | Contributor address; City; Sta | ate: Zin Code | | | | Ψ <u></u> υ <u>2</u> .00 |
| | | Contributor address, City, Sta | | | | | |
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| | | Lubbock, TX 79423 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | 1 | Employer (See Instructions) |) | | |
| | VP | | | University Medical Cente | er | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 6/11 Rpt: 9/60 | |
|---|----------------|--|------------------------------|----|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | es L. (The Honorable) | | • | 00066066 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID# | :) | 7 | Amount of Contribution (\$) | |
| | 05/25/2024 | Heinrich , Bobbye | | | | \$52.05 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| | | Lubbock, TX 79423 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | VP | | University Medical Cente | er | | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 06/25/2024 | Heinrich , Bobbye | | | | \$52.05 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Lubbock, TX 79423 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | VP | | University Medical Cente | er | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 02/13/2024 | Henley, Greg (Mr.) | ·, | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Tahoka, TX 79373 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 03/27/2024 | Hildebrand, Jeffery (Mr.) | | | | \$5,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77251 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | CEO | | Hilcorp Energy Company | y | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | :) | | Amount of Contribution (\$) | |
| | 01/18/2024 | Howard, Robert (Mr.) | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | | | | | |
| | | Austin, TX 78704 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | | es Schedule A1: 1 Rpt: 10/60 | |
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| 2 | FILER NAME | | | | (Ethics Commission | on Filers) |
| - | | es L. (The Honorable) | | 0006606 | | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount o | of Contribution (\$) | |
| | 01/10/2024 | Lawson, William (Mr.) | | | | \$500.00 |
| | I | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Lubbock, TX 79424 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount o | of Contribution (\$) | |
| | 01/16/2024 | McEntire, Crystal | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Sweetwater, OK 73666 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Pharmacist | , | Hylands Pharmacy | | | |
| | Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount o | of Contribution (\$) | |
| | 01/10/2024 | McGuireWoods LLP | , | | | \$1,000.00 |
| | 02,20,202 | Contributor address; City; State; Zip Code | | | | +=,•••••• |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Richmond, VA 23219 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | · · · · · · | | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount o | of Contribution (\$) | |
| | 05/23/2024 | Moore, Dusty (Mr.) | | | | \$2,500.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Abernathy, TX 79311 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | CEO | 1 | CEV | | | |
| ╞━ | Date | Full name of contributor X out-of-state PAC (ID#: C | C00022368) | Amount o | of Contribution (\$) | |
| | 01/23/2024 | National Assc. of Chain Drug Stores PAC | <u>,</u> , | | | \$1,300.00 |
| | | Contributor address; City; State; Zip Code | | | | +-, |
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| | | | | | | |
| | | Arlington, VA 22209 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) |) | | |
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| The Instruc | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/60 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | es L. (The Honorable) | | 00066066 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID# | t:) | 7 Amount of Contribution (\$) | |
| 02/05/2024 | Newton, Phillip (Mr.) | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Haskell, TX 79521 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) | (i) | |
| | | | | |
| Date | | ť:) | Amount of Contribution (\$) | |
| 03/27/2024 | Newton, Phillip (Mr.) | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| D in single and | Haskell, TX 79521 | | 、 、 | |
| Principal occuj | pation / Job title (See Instructions) | Employer (See Instructions) | <i>。</i>) | |
| | | | | |
| Date | | ť:) | Amount of Contribution (\$) | * 200.00 |
| 01/10/2024 | Rask, Thomas (Mr.) | | | \$200.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Lubbock, TX 79414 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> ٤) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID# | t:) | Amount of Contribution (\$) | |
| 04/05/2024 | Reagan, Sarah (Mrs.) | | | \$95.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Lubbock, TX 79424 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | ;) | |
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| Date | Full name of contributor Out-of-state PAC (ID# | :) | Amount of Contribution (\$) | |
| 05/23/2024 | Russell, Matthew (Mr.) | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78741 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> | |
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| The Instru | iction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 9/11 Rpt: 12/60 | |
|-------------------------------|---|------------------------|------------------------------|--|--|-------------|
| 2 FILER NAME Perry, Charle | es L. (The Honorable) | | | 3 | Filer ID (Ethics Commissi 00066066 | ion Filers) |
| 4 Date 01/10/2024 | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$2,500.00 |
| | 6 Contributor address; City; St | tate; Zip Code | | • | | • • |
| | Austin, TX 78759 | | | | | |
| 8 Principal occu | upation / Job title (See Instructions | 3) | 9 Employer (See Instructions | 5) | | |
| Date 02/07/2024 | Full name of contributor TXCPA PAC Contributor address; City; St | |) | | Amount of Contribution (\$) | \$5,000.00 |
| Principal occu | Dallas, TX 75254-7408 upation / Job title (See Instructions | s) | Employer (See Instructions | <u>ا</u> چ) | | |
| | <u> </u> | | | . | | |
| Date 06/12/2024 | Full name of contributor Texas Dairymen PAC Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2,500.00 |
| Principal agai | Austin, TX 78711 | | Freedow (Constructions | | | |
| Principai occu | upation / Job title (See Instructions | 5) | Employer (See Instructions | 3) | | |
| Date 02/27/2024 | Full name of contributor Texas Deer Association F Contributor address; City; St | |) | | Amount of Contribution (\$) | \$15,000.00 |
| Principal occu | Austin, TX 78703 | <u></u> | Employer (See Instructions | <u>م</u> ا | | |
| · ···· | | ., | | <i>''</i> | | |
| Date 06/12/2024 | Full name of contributor Texas Gin PAC | out-of-state PAC (ID#: |) | <u> </u> | Amount of Contribution (\$) | \$1,000.00 |
| | Contributor address; City; St Round Rock, TX 78664 | tate; Zip Code | | | | |
| Principal occu | upation / Job title (See Instructions | 5) | Employer (See Instructions | <u>ا</u> چ) | | |
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| | The Instru | ction Guide explains how | / to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/11 Rpt: 13/60 | |
|---|----------------|--|--------------------------|------------------------------|------------|---|-------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Perry, Charl | les L. (The Honorable) | | | | 00066066 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/17/2024 | Texas Land Title Associati | | | | 2 | \$10,000.00 |
| | | 6 Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | Austin, TX 78703 | | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) |) | 9 Employer (See Instructions | ;) | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 01/23/2024 | Texas Podiatric Medical A | | , | | , | \$1,000.00 |
| | • | Contributor address; City; Sta | | | +-, | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | (ئ | Employer (See Instructions | ;) | | |
| | | | ! | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 01/17/2024 | Texas Rural Water PAC | | | | \$2,500.00 | |
| | | Contributor address; City; Sta | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78701-1122 | | | | | |
| | Principal occu | upation / Job title (See Instructions) |) | Employer (See Instructions | ;) | | |
| L | | | | <u> </u> | — | | |
| | Date | | x out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 01/23/2024 | The American Electric Pov | | - | | | \$1,500.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Columbus, OH 43215 | | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | 2) | Employer (See Instructions | <u>ר</u> | | |
| | T moipui coce. | | , ! | | ' ' | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 02/27/2024 | USAA Employee PAC | _ | | | | \$2,000.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78288 | | | | | |
| | Principal occu | upation / Job title (See Instructions) |) | Employer (See Instructions) | ;) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | |
|---|-----------------------------|--|---|---|
| | The Instru | ction Guide explains how to complete this for | 1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/60 | |
| 2 | FILER NAME Perry, Charle | es L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00066066 | |
| 4 | Date 02/08/2024 | 5 Full name of contributor out-of-state PAC (ID#: Veternary PAC 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 | Principal occu | Austin, TX 78754 pation / Job title (See Instructions) 9 | Employer (See Instructions) | () |
| Ĺ | | 9 | | <i></i> |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---|---|-------------|--|------------------------|--------------------|-------|---|------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide et | | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract | Expense : Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 1/27 Rpt: 15/60 | | Perry, Charles L. (The Honorabl | e) | | | | | 00066066 | (|
| 4 | Date 04/19/2024 | | Payee name Abilene Chamber of Commerce | | | | | | | |
| 6 | Amount (\$) \$200.00 | | Payee address; City; PO Box 2281 Abilene, TX 79604 | State; | ; Zip Co | le | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top o Dues and Subscriptions | of this sch | edule) | Che | eck if travel o | , TX, | de of Texas. Com officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | Jht | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/14/2024 | | Abilene Republican Women | | | | | | | |
| | Amount (\$) \$500.00 | | Payee address; City; 18 Bay Shore Ct | State; | ; Zip Co | le | | | | |
| | | | Abilene, TX 79602 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Advertising Expense | of this sch | edule) | Che | ck if travel o | | de of Texas. Com officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | Jht | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 04/19/2024 | | Ballinger Chamber of Commerce | e | | | | | | |
| | Amount (\$) \$150.00 | | Payee address; City; 700 Railroad Ave. | State; | ; Zip Co | le | | | | |
| | | | Ballinger, TX 76821 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of Dues and Subscriptions | of this sch | edule) | Che | eck if travel o | , TX, | de of Texas. Com officeholder living | plete Schedule T. expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office sou | Jht | | | Office he | eld |
| | | | | | | | | | | |

| | | | EXPENDITURE CATE | GORIES | FOR B | OX 8(a) | | | |
|---|---|-------|--|-------------------------------------|--|-------------------------|-------|---|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | Office Pollin Printi Salar | e Overhea Ig Expensiong Expension Ig Expensions/Wage | ise s/Contract Labor | | Travel in District Travel Out of Distric | pment & Related Expense |
| 1 | Total pages Schedule F1: | 2 1 | | | | | 3 | Filer ID (I | Ethics Commission Filers) |
| - | Sch: 2/27 Rpt: 16/60 | | Perry, Charles L. (The Honorable) | | | | - | 00066066 | |
| 4 | Date 01/03/2024 | | ayee name Berry Communications, LLC | | | | | | |
| 6 | Amount (\$) | | | ate; Zip | Code | | | | |
| - | \$2,000.00 | 1 | Austin, TX 78704 | , <u> </u> | | | | | |
| 8 | PURPOSE | (a) (| Category (See Categories listed at the top of thi | cobodulo) | (b) | Description | | | |
| • | OF EXPENDITURE | | Salaries/Wages/Contract Labor | s schedule) | (-) | Check if travel | , TX, | le of Texas. Complet officeholder living ex gement Servio | pense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office | sought | | | Office held | |
| | Date | F | Payee name | | | | | | |
| | 02/01/2024 | E | Berry Communications, LLC | | | | | | |
| | Amount (\$) | F | Payee address; City; Si | ate; Zip | Code | | | | |
| | \$2,000.00 | | 014 W Milton Ave. Austin, TX 78704 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of thi Salaries/Wages/Contract Labor | s schedule) | (b) | Check if Austin | , TX, | le of Texas. Complet officeholder living ex gement Servio | pense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office | sought | | | Office held | |
| | Date | F | Payee name | | | | | | |
| | 03/01/2024 | | Berry Communications, LLC | | | | | | |
| - | Amount (\$) | | - | ate; Zip | Code | | | | |
| | \$2,000.00 | | .014 W Milton Ave. | | | | | | |
| | | 4 | Austin, TX 78704 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of thi Galaries/Wages/Contract Labor | s schedule) | (b) | Check if Austin | , TX, | le of Texas. Complet officeholder living ex gement Servio | pense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office | sought | | | Office held | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEGORIES FOR | R BC | DX 8(a) | | | |
|---|---|-----|---|-----------------------------------|------------------------|-------|---|--------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Office Over Pool/Beverage Expense Office Over Polling Expense Gift/Awards/Memorials Expense Printing Expense | erhead pense xpens Vages | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Tatal pages Calendula F1. | | · · · · · · | mpic | | | Filer ID (Ethics Commission File |)) |
| 1 | Total pages Schedule F1: Sch: 3/27 Rpt: 17/60 | 2 | Piter NAME Perry, Charles L. (The Honorable) | | | | Filer ID (Ethics Commission File 00066066 | ers) |
| 4 | Date | 5 | Payee name | | | | | |
| | 04/01/2024 | | Berry Communications, LLC | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | de | | | | |
| | \$2,000.00 | | 1014 W Milton Ave. | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78704 | | | | | |
| 8 | DUDDOSE | (0) | | (h) | Description | | | |
| ð | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule) | (U) | Description | utsir | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | officeholder living expense | |
| | | | | | | | gement Services | |
| | | | | | | | - | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | |
| | 05/01/2024 | | Berry Communications, LLC | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | nde | | | | |
| | \$2,000.00 | | 1014 W Milton Ave. | ue | | | | |
| | φ2,000.00 | | 1014 W Millon Ave. | | | | | |
| | | | Austin, TX 78704 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | officeholder living expense | |
| | | | | | Campaign Ma | ina | gement Services | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | _ |
| | 06/03/2024 | | Berry Communications, LLC | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | de | | | | |
| | \$2,000.00 | | 1014 W Milton Ave. | ae | | | | |
| | φ2,000.00 | | | | | | | |
| | | | Austin, TX 78704 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | officeholder living expense | |
| | | | | | Campaign Ma | ina | gement Services | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name Office sou | ght | | | Office held | |
| | • | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|--------------|---|--|------------------------------|-------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | , _ I Cor | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | | | • | 3 | Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 4/27 Rpt: 18/60 | - | Perry, Charles L. (The Honorable) | | | | 00066066 | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/19/2024 | | Brady/McCullock Chamber of Commerce | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | | | |
| | \$75.00 | | 101 E. 1st Street | | | | | | | | |
| | | | | | | | | | | | |
| | | | Brady, TX 76825 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | aluba) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Dues and Subscriptions | cuule) | | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITORE | | | | <u> </u> | | , officeholder living expense | | | | |
| | | | | | Chamber Du | es | | | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office soug | ght | | Office held | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/20/2024 Brett Hagenbuch Campaign | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | | |
| | \$2,000.00 | | 2800 Shoreline Dr. #310 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Denton, TX 76210 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | | | Candidate/Officeholder/Political Commi | ÷ , | | | | | | | |
| | | | | | Campaign Co | JIII | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name O |)ffice sou | ht | | Office held | | | | |
| | expenditure to benefit C/Oł | | | | jin | | | | | | |
| - | Date | | Payee name | | | | | | | | |
| | 02/09/2024 | | Brownfield Chamber of Commerce | | | | | | | | |
| | Amount (\$) | | | Zip Co | do | | | | | | |
| | \$75.00 | | PO Box 152 | Zip Cu | | | | | | | |
| | \$75.00 | | 10 000 132 | | | | | | | | |
| | | | Brownfield, TX 79316 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Dues and Subscriptions | | | | ide of Texas. Complete Schedule T. | | | | |
| | | | | | | | , officeholder living expense | | | | |
| | | | | | Chamber Du | eS | | | | | |
| | | L | Condidate (Office k - Literation | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office soug | jnt | | Office held | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|----------|---|---|--------------------------------------|--|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | rhead/F bense pense 'ages/C | Reimbursement Rental Expense ontract Labor e this form. | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 5/27 Rpt: 19/60 | | Perry, Charles L. (The Honorable) | | | | | 00066066 | | |
| 4 | Date | 5 | Payee name | | | 1 | | | | |
| | 06/10/2024 | | Burrows 4 Texas | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$441.74 | | 10507 Quaker Ave | | | | | | | |
| | | | Suite 103 | | | | | | | |
| | | | Lubbock, TX 79424 | | | | | | | |
| 8 | PURPOSE | (a) | | | (h) г | Description | | | | |
| ľ | OF | (4) | Category (See Categories listed at the top of this sch Event Expense | nedule) | ι», ι Γ | | outsio | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | | | Ē | Check if Austin, | TX, | officeholder living expense | | |
| | | | | | F | Reimburse fo | r ha | alf of event cost | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name (| Office sou | ght | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 03/17/2024 | | Capitol Commission | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | de | | | | | |
| | \$1,000.00 | | PO Box 302703 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) [| Description | | | | |
| | EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Comm | nittoo | Ļ | _ | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | | | Candidate/Onicenoide//Folitical Comm | nilee | | Donation | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | | Office held | | |
| | Date | <u> </u> | | | | | | | | |
| | 05/24/2024 | | Payee name Capitol Commission | | | | | | | |
| | | | - | ; Zip Co | do | | | | | |
| | Amount (\$) \$1,000.00 | | Payee address; City; State PO Box 302703 | , zip co | ue | | | | | |
| | φ1,000.00 | | FO B0X 302703 | | | | | | | |
| | | | Austin, TX 78703 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) [| Description | | | | |
| | EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Comm | nittoo | F | | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | | | | nilee | | Donation | 17, | | | |
| | | | | | - | | | | | |
| - | Complete ONLY if direct | <u>ر</u> | Candidate/Officeholder name | Office sou | aht | | | Office held | | |
| | expenditure to benefit C/OF | | | 2 | | | | | | |
| | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|---|--|------------------------------|-------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | | | - | 3 | Filer ID (Ethics Commission Filers) | | | |
| - | Sch: 6/27 Rpt: 20/60 | 2 | Perry, Charles L. (The Honorable) | | | | 00066066 | | | |
| 4 | Date 02/20/2024 | 5 | Payee name Chase Card Services | | | | | | | |
| 6 | Amount (\$) | 7 | | Zip Co | | | | | | |
| ľ | \$3,654.15 | ŕ | PO Box 94014 | Zip Co | | | | | | |
| | φ <u>3</u> ,0 <u>5</u> 4.15 | | FO B0X 94014 | | | | | | | |
| | | | | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | dule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | ide of Texas. Complete Schedule T. | | | |
| | | | | | | | , officeholder living expense | | | |
| | | | | | Credit Card F | ay | ment | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | ffice sou | yht | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 03/18/2024 | | Chase Card Services | | | | | | | |
| | Amount (\$) | | | Zip Co | do | | | | | |
| | ., | | | Zip Cu | | | | | | |
| | \$581.59 | | PO Box 94014 | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | |
| | OF | | Credit Card Payment | , | | outsi | ide of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | 2 | | | | , officeholder living expense | | | |
| | | | | | Credit Card F | Pay | rment | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name O | ffice sou | ght | | Office held | | | |
| | expenditure to benefit C/OI | H | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 04/18/2024 | | Chase Card Services | | | | | | | |
| - | Amount (\$) | | | Zip Co | 1e | | | | | |
| | \$1,067.15 | | PO Box 94014 | Zip Co | | | | | | |
| | φ1,007.15 | | FO B0X 94014 | | | | | | | |
| | | | | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | dule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | ide of Texas. Complete Schedule T. | | | |
| | | | | | | | , officeholder living expense | | | |
| | | | | | Credit Card F | ay | rment | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Of | ffice sou | ght | | Office held | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|------------------------------------|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F | verhea xpens Expens Wages | nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 7/27 Rpt: 21/60 | | Perry, Charles L. (The Honorable) | | 00066066 | | | | | |
| 4 | Date 05/20/2024 | 5 | Payee name Chase Card Services | | | | | | | |
| 6 | Amount (\$) \$2,189.51 | 7 | Payee address; City; State; Zip C PO Box 94014 Palatine, IL 60094 | ode | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office so | ught | t Office held | | | | | |
| | Date | | Payee name | | | | | | | |
| | 06/17/2024 | | Chase Card Services | | | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip C | ode | | | | | | |
| | \$995.16 | | PO Box 94014 Palatine, IL 60094 | 4.5 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office so | ught | t Office held | | | | | |
| | Date | | Payee name | | | | | | | |
| | 06/28/2024 | | Chase Card Services | | | | | | | |
| | Amount (\$) \$1,866.98 | | Payee address; City; State; Zip C PO Box 94014 | ode | | | | | | |
| | | | Palatine, IL 60094 | - | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office so | ught | t Office held | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---------------|--|--|------------------------------------|------------------------|--------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Cor | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain | Office O Polling E Printing Salaries/ | verhea Expens Expens Wage | se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| - | Sch: 8/27 Rpt: 22/60 | - | Perry, Charles L. (The Honorable) | | | | ľ | 00066066 | | |
| 4 | Date 06/25/2024 | 5 | Payee name Childress Theatre Co. | | | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code \$65.00 206 N. Main Street Childress, TX 79201 | | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this s Dues and Subscriptions | schedule) | (b) | | ı, TX, | ide of Texas. Complete Schedule T. , officeholder living expense CS | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 04/19/2024 | | Coleman Chamber of Commerce | | | | | | | |
| | Amount (\$) \$150.00 | | Payee address; City; Sta 218 Commercial Ave. | te; Zip C | ode | | | | | |
| | DUDDOSE | (0) | Coleman, TX 76834 | | (h) | Description | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this s Dues and Subscriptions | schedule) | | | ı, TX, | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held | | |
| | Date | | Payee name | | | | | | | |
| | 05/10/2024 | | Community Foundation of West Texa | as | | | | | | |
| | Amount (\$) \$1,000.00 | | Payee address; City; Sta 6102 82nd Street | te; Zip C | ode | | | | | |
| | | | Lubbock, TX 79424 | | - | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this s Advertising Expense | schedule) | (b) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office so | ught | | | Office held | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--------------|--|---|------------------------------|-------------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | , _ I Cor | Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Office Over Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | | | · | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 9/27 Rpt: 23/60 | | Perry, Charles L. (The Honorable) | | | | 00066066 | | |
| 4 | Date 04/19/2024 | 5 | Payee name Eden Chamber of Commerce | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | | |
| - | \$25.00 | | 120 Paint Rock Road | p 000 | | | | | |
| | \$20100 | | | | | | | | |
| | | | | | | | | | |
| | | | Eden, TX 76837 | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | | | | |
| | EXPENDITURE | | Dues and Subscriptions | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | | | | | Chamber Du | | oncenduer hving expense | | |
| | | | | | Chamber Du | 00 | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name Of | ffice sou | iht | | Office held | | |
| ľ | expenditure to benefit C/Oł | | | 1100 30U | jiit | | | | |
| | Data | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 01/31/2024 | | First Bank & Trust | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$5.00 | | 9816 Slide Road | | | | | | |
| | | | | | | | | | |
| | | | Lubbock, TX 79424 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | | | | |
| | OF EXPENDITURE | | Fees | , | Check if travel | outsi | ide of Texas. Complete Schedule T. | | |
| | LAFENDITORE | | | | | | , officeholder living expense | | |
| | | | | | Bank Service | e Cl | narges | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name Of | ffice sou | Jht | | Office held | | |
| | | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 02/29/2024 | | First Bank & Trust | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | | |
| | \$5.00 | | 9816 Slide Road | | | | | | |
| | | | | | | | | | |
| | | | Lubbock, TX 79424 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | (b) Description | | | | |
| | OF | | Fees | uuio) | | outsi | ide of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | | | | | , officeholder living expense | | |
| | | | | | Bank Service | e Cł | narge | | |
| | | | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | Office held | | | |
| | expenditure to benefit C/OI | 1 | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|---------------------|---|----------------|---|---|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp | ense | Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reimbursement nead/Rental Expense ense iense iges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 FIL | ER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 10/27 Rpt: 24/60 | | rry, Charles L. (The Honora | ble) | | | | 00066066 | | |
| 4 | Date 03/31/2024 | | vee name st Bank & Trust | | | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code \$5.00 9816 Slide Road Lubbock, TX 79424 | | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Ca Fe | tegory (See Categories listed at the to es | op of this sch | edule) | | , TX, | de of Texas. Complete Schedule T. officeholder living expense narge | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | C | Office soug | ht | | Office held | | |
| | Date | Pa | yee name | | | | | | | |
| | 05/31/2024 | Fir | st Bank & Trust | | | | | | | |
| | Amount (\$) \$5.00 | | yee address; City; 16 Slide Road | State; | ; Zip Coc | e | | | | |
| | PURPOSE OF EXPENDITURE | | bbock, TX 79424 tegory (See Categories listed at the to eS | op of this sch | edule) | | , TX, | de of Texas. Complete Schedule T. officeholder living expense IArge | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | C | Office soug | ht | | Office held | | |
| | Date | Pa | yee name | | | | | | | |
| | 06/30/2024 | Fir | st Bank & Trust | | | | | | | |
| | Amount (\$) \$5.00 | | yee address; City; 16 Slide Road | State; | ; Zip Coc | e | | | | |
| | | Lu | bbock, TX 79424 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Ca Fe | tegory (See Categories listed at the to eS | op of this sch | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense harge | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | C | Office soug | ht | | Office held | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--------------------------------------|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Il Cor | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 11/27 Rpt: 25/60 | | Perry, Charles L. (The Honorable) 00066066 | | | | | |
| 4 | Date 01/03/2024 | 5 Payee name Habitat for Humanity | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Code | | | | | |
| U | \$1,000.00 | ľ | 2910 Ave. N | | | | | |
| | | | Lubbock, TX 79411 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | |
| 9 | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name Office sought Office held | | | | | |
| Ŭ | expenditure to benefit C/O | | | | | | | |
| | Date | | Payee name | | | | | |
| | 05/10/2024 | | Habitat for Humanity | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | |
| | \$1,000.00 | | 2910 Ave. N | | | | | |
| | . , | | | | | | | |
| | | | Lubbock, TX 79411 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | | Payee name | | | | | |
| | 01/19/2024 | | Joe Pinson Campaign | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Code | | | | | |
| | \$250.00 | | PO Box 79416 | | | | | |
| | | | Lubbock, TX 79416 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | | |
| | | | Candidate/Officeholder/Political Committee | | | | | |
| | | | Campaign Contribution | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 12/27 Rpt: 26/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | |
| 4 | Date 5 Payee name 01/19/2024 Latinos United for Conservative Action | | | | | | |
| 6 Amount (\$) \$500.00 7 Payee address; City; State; Zip Code 2901 69th Street Lubbock, TX 79413 | | | | | | | |
| 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 Donation | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 02/23/2024 | Lubbock Area Republican Women | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$60.00 | P.O. Box 6315 Lubbock, TX 79493 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense DueS | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 03/18/2024 | Lubbock Area Republican Women | | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$400.00 | P.O. Box 6315 | | | | | |
| | | Lubbock, TX 79493 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense \$PENSE | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|--|-----|---|--|-------------|-------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Fees Office O Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing mittee Legal Services Salaries | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 13/27 Rpt: 27/60 | | Perry, Charles L. (The Honorable) | | | | 00066066 |
| 4 | Date | 5 | Payee name | | | | |
| | 06/20/2024 | | Lubbock Impact | | | | |
| 6 | 6 Amount (\$) \$5,000.00 Lubbock, TX 79410 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | |
| | OF OF OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Office sc | ought | | | Office held |
| | Date | | Payee name | | | | |
| | 03/29/2024 | | NFIB | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | |
| | \$335.00 PO Box 305043 Nashville, TN 37230 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Dues and Subscriptions | (b) | | , TX, | de of Texas. Complete Schedule T. officeholder living expense SS |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Office sc | ought | | | Office held |
| | Date | | Payee name | | | | |
| | 04/06/2024 | | National Write Your Congressman | | | | |
| | Amount (\$) \$730.00 | | Payee address; City; State; Zip C 2435 N. Central Expressway Suite 300 Richardson, TX 75080 | Code | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Dues and Subscriptions | (b) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense SS |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officeholder name Office sc | ought | | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|---|---|-----|--|-----|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 14/27 Rpt: 28/60 | | Perry, Charles L. (The Honorable) | | | | 00066066 |
| 4 | Date 01/26/2024 | 5 | Payee name Olton Chamber of Commerce | | | | |
| 6 | 6 Amount (\$) \$60.00 \$60.00 Olton, TX 79064 7 Payee address; City; State; Zip Code Olton, TX 79064 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Dues and Subscriptions (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Chamber Dues | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name Office sou | ght | | | Office held |
| | Date | | Payee name | | | | |
| | 02/26/2024 | | Papierz, Robert (Mr.) | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | de | | | |
| | \$30,000.00 | | 5515 Davis Lane #33 Austin, TX 78749 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name Office sou | ght | | | Office held |
| | Date | | Payee name | | | | |
| | 03/01/2024 | | Parks, Andrew (Mr.) | | | | |
| | Amount (\$) \$295.26 | | Payee address; City; State; Zip Co 665 N Bagdad Apt #5107 Leander, TX 78641 | de | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Travel Out of District | | | ΤX, | de of Texas. Complete Schedule T. officeholder living expense rsement |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sou | ght | | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|--|---|---------------|---|------------------------------|-------|---|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper mittee Legal Services The Instruction Guide e | ise | Office Over Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | n Filers) |
| | Sch: 15/27 Rpt: 29/60 | | Perry, Charles L. (The Honorab | le) | | | | 00066066 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 03/18/2024 | | Parks, Andrew (Mr.) | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$1,144.83 | | 665 N Bagdad | | | | | | |
| | | | Apt #5107 | | | | | | |
| | | | Leander, TX 78641 | | | | | | |
| 8 | PURPOSE | | | | | (b) Decorintion | | | |
| 0 | OF | (a) | Category (See Categories listed at the top Travel Out of District | of this sched | dule) | b) Description | outs | ide of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Haver out of District | | | Check if Austin | I, TX | , officeholder living expense | |
| | | | | | | Mileage Rein | nbı | irsement | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | Of | ffice soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 05/28/2024 | | Parks, Andrew (Mr.) | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$172.12 665 N Bagdad | | | | | | | | |
| | | | Apt #5107 | | | | | | |
| | | | Leander, TX 78641 | | | | | | |
| | PURPOSE | | | | | b) Description | | | |
| | OF | | Category (See Categories listed at the top Office Overhead/Rental Expens | | dule) | · | outs | ide of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | Check if Austin | I, TX | , officeholder living expense | |
| | | | | | | Office Supply | / R | eimbursement | |
| | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Of | ffice soug | ht | | Office held | |
| | expenditure to benefit C/OI | H | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 06/07/2024 | | Plainview Chamber of Commer | се | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | le | | | |
| | \$100.00 | | 1906 W. 5th | | | | | | |
| | | | | | | | | | |
| | | | Plainview, TX 79073 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this sched | dule) | b) Description | | | |
| | OF EXPENDITURE | | Dues and Subscriptions | | | | | ide of Texas. Complete Schedule T. | |
| | - | | | | | Chamber Du | | , officeholder living expense | |
| | | | | | | Chamber Du | 62 | | |
| L | Complete ON! V if direct | Ļ | andidata/Officabaldar nama | ~ | ffing age | ht | | Office held | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | U | ffice soug | i it | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|---|------------------|---|---|-----------------|-------|---|--|--|--|
| Accounting/Banking Fees Consulting Expense Food/Be Contributions/ Donations Made By - Gift/Awa Candidate/Officeholder/Political Committee Legal Se Credit Card Payment | | | Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services | office Overhead/Rental Expense Polling Expense Is/Memorials Expense Printing Expense | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| _ | Sch: 16/27 Rpt: 30/60 | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/01/2024 | | Post Area Chamber of Commerce | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | ode | | | | | |
| | \$75.00 | | PO Box 610 | | | | | | | |
| | | | | | | | | | | |
| | | | Post, TX 79356 | | | | | | | |
| 8 | PURPOSE | (a) | | | (b) Description | | | | | |
| Ŭ | OF | [^(u) | Category (See Categories listed at the top of this sche Dues and Subscriptions | edule) | | outsi | de of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | | officeholder living expense | | | |
| | | | | | Chamber Due | es | | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office held | | | |
| | Date | | Payee name | | | | | | | |
| | 03/11/2024 | | Project Destiny | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | | | | | | | | | | |
| | \$5,000.00 PO Box 64268 | | | | | | | | | |
| | | | Lubbock, TX 79464 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | | |
| | | | Candidate/Officeholder/Political Comm | ittee | Donation | , IX, | officeholder living expense | | | |
| | | | | | Donation | | | | | |
| _ | | | Candidate/Officeholder name | | a la t | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | Office sou | igni | | Office held | | | |
| _ | | - | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 04/19/2024 | | San Saba County Chamber of Comme | rce | | | | | | |
| | Amount (\$) | | | Zip Co | ode | | | | | |
| | \$75.00 | | 113 S High Street | | | | | | | |
| | | | | | | | | | | |
| | | | San Saba, TX 76877 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | |
| | | | Dues and Subscriptions | , | Check if travel | outsi | de of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | | | | | | officeholder living expense | | | |
| | | | | | Chamber Due | es | | | | |
| | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | ght | | Office held | | | |
| | experiatione to benefit C/Of | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 17/27 Rpt: 31/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | |
| 4 | Date 05/10/2024 | Payee name Sherriff's Association of Texas | | | | | |
| 6 | Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 1601 S. I-35 Austin, TX 78741 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Dues and Subscriptions (b) Description Image: Description of the state of the schedule of | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 04/19/2024 | Sweetwater Chamber of Commerce | | | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Code 810 East Broadway Street | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. "X, officeholder living expense S | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 01/03/2024 | Tepper, Robin (Ms.) | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3105 Ranch Ave | | | | | |
| | | Wolfforth, TX 79382 | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense nagement Services | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 18/27 Rpt: 32/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | |
| 4 | Date 02/01/2024 | 5 Payee name Tepper, Robin (Ms.) | | | | | |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3105 Ranch Ave Wolfforth, TX 79382 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense Campaign Management Services Check if Austin, TX, officeholder living expense Campaign Management Services | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 03/01/2024 | Tepper, Robin (Ms.) | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3105 Ranch Ave Wolfforth, TX 79382 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense anagement Services | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 04/01/2024 | Tepper, Robin (Ms.) | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3105 Ranch Ave | | | | | |
| | | Wolfforth, TX 79382 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense anagement Services | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|--------------------------|--|-------------------|---|----------------------------|--------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | F F G nmittee L | vent Expense ees ood/Beverage Expense ift/Awards/Memorials Exp egal Services The Instruction Guide | oense F S | Office Over Polling Exp Printing Exp Salaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | FILER NAME | | | | - | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 19/27 Rpt: 33/60 | | s L. (The Honora | uble) | | | | 00066066 | · · · · · |
| 4 | Date | Payee name | | | | | • | | |
| | 05/01/2024 | Tepper, Robi | n (Ms.) | | | | | | |
| 6 | Amount (\$) | Payee address | ;; City; | State; | Zip Coc | e | | | |
| | \$500.00 | 3105 Ranch | Ave | | | | | | |
| | | Wolfforth, TX | 79382 | | | | | | |
| 8 | PURPOSE | Category (See | Categories listed at the to | op of this schedu | lule) | b) Description | | | |
| | OF EXPENDITURE | Salaries/Wag | jes/Contract Labo | or | | | | de of Texas. Com | - |
| | | | | | | Campaign M | | officeholder living | |
| | | | | | | Campaign M | unc | igement oci | VICES |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Office | eholder name | Off | fice soug | ht | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 06/03/2024 | Tepper, Robi | n (Ms.) | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$500.00 3105 Ranch Ave | | | | | | | | |
| | | | | | | | | | |
| | | Wolfforth, TX | 79382 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Categories listed at the to Jes/Contract Labo | | lule) | | n, TX, | de of Texas. Com , officeholder living agement Sei | expense |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Office | eholder name | Off | fice soug | ht | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 05/21/2024 | Texas House | of Representativ | /es | | | | | |
| | Amount (\$) | Payee address | ; City; | State; | Zip Coc | e | | | |
| | \$433.00 | PO Box 2910 | | | · | | | | |
| | | Austin, TX 78 | 3768-2910 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Categories listed at the to Aemorials Expen | | lule) | | | de of Texas. Com , officeholder livinç | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Office | eholder name | Off | fice soug | ht | | Office he | eld |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|---|--|---|---|--|--------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 20/27 Rpt: 34/60 | | Perry, Charles L. (The Honorable) | | 00066066 | | | |
| 4 | Date | 5 | Payee name | | | | | |
| | 01/16/2024 | | Texas House of Representatives | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$400.00 | | PO Box 2910 | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78768-2910 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expense | , | Check if travel | | ide of Texas. Complete Schedule T. | |
| | | | | | | ι, TΧ, | , officeholder living expense | |
| | | | | | Flags | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name O | Office sour | uht | | Office held | |
| 9 | expenditure to benefit C/OF | | | Milce Sou | ji it | | Onice neid | |
| | Date | | Payee name | | | | | |
| 01/31/2024 Texas Senate | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | |
| | \$196.00 PO Box 12068 | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expense | | | | ide of Texas. Complete Schedule T. | |
| | | | | | | I, IX, | , officeholder living expense | |
| | | | | | Culchulis | | | |
| _ | Complete ONLY if direct | | Candidate/Officeholder name O |)ffice sou | iht | | Office held | |
| | expenditure to benefit C/OF | | | | | | | |
| | Date | | Payee name | | | | | |
| | 04/22/2024 | | Texas Senate | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | le | | | |
| | \$98.00 | | PO Box 12068 | • | | | | |
| | | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | |
| | EXPENDITURE | | Gift/Awards/Memorials Expense | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | Calendars | ., | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name O |)ffice sou | Jht | | Office held | |
| - | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 21/27 Rpt: 35/60 | 00066066 | | | | | | | |
| 4 | Date 02/23/2024 | | | | | | | | |
| 6 | 6 Amount (\$) \$500.00 7 Payee address; City; State; Zip Code PO Box 928 San Angelo, TX 76902 | | | | | | | | |
| 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 | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/12/2024 | Vernon Chamber of Commerce | | | | | | | |
| | Amount (\$)Payee address;City;State;Zip Code\$25.001614 Main St. | | | | | | | | |
| | | Vernon, TX 76384 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Iquet | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/29/2024 | Volunteer Services Council | | | | | | | |
| | Amount (\$) \$600.00 | Payee address;City;State;Zip CodePO Box 5396 | | | | | | | |
| | | Lubbock, TX 79408 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|---|-----|------------------|--------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 22/27 Rpt: 36/60 | | Perry, Charles L. (The Honorable) | | | | 00066066 | |
| 4 | Date 05/10/2024 | | Payee name Wayland Baptist University | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | de | | | | |
| Ū | \$500.00 801 N. Quaker Avenue | | | | | | | |
| | | | Lubbock, TX 79416 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | |
| | 01/25/2024 | | WinRed | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | do | | | | |
| | \$2.05 | | 1776 Wilson Blvd | ue | | | | |
| | | | | | | | | |
| | | | Suite 530 | | | | | |
| | | | Arlington, VA 22209 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Fees | | | | de of Texas. Complete Schedule T. | |
| | | | | | Credit Card P | | officeholder living expense | |
| | | | | | Cieuii Caiu F | 100 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officeholder name Office sou | ght | | | Office held | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| | Date | | Payee name | _ | | | | |
| | 02/25/2024 | | WinRed | | | | | |
| | Amount (\$) | | Payee address; City; State; Zip Co | de | | | | |
| | \$2.05 | | 1776 Wilson Blvd | | | | | |
| | | | Suite 530 | | | | | |
| | | | Arlington, VA 22209 | | | | | |
| | PURPOSE | | - | (h) | Description | | | |
| | OF | | Category (See Categories listed at the top of this schedule) Fees | (5) | | outsio | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | Check if Austin, | TX, | officeholder living expense | |
| | | | | | Credit Card P | roc | essing Fees | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office sou | ght | | | Office held | |
| ⊢ | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 | B Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 23/27 Rpt: 37/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | | |
| 4 | Date 03/25/2024 | 5 Payee name WinRed | | | | | | |
| 6 | Amount (\$) \$2.05 | 7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense OCESSING FEES | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 04/25/2024 | WinRed | | | | | | |
| | Amount (\$) \$2.05 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING FEES | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date 06/25/2024 | Payee name WinRed | | | | | | |
| | Amount (\$) \$2.05 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING FeeS | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 24/27 Rpt: 38/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | | |
| 4 | Date 01/01/2024 | Payee name WinRed | | | | | | |
| 6 | Amount (\$) \$0.82 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin, T | utside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 02/01/2024 | WinRed | | | | | | |
| | Amount (\$) \$0.82 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, T | utside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 03/01/2024 | WinRed | | | | | | |
| | Amount (\$) \$0.82 | Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209 | | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, 1 | utside of Texas. Complete Schedule T. TX, officeholder living expense rocessing Fees | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 25/27 Rpt: 39/60 | Perry, Charles L. (The Honorable) | 00066066 | | | | | |
| 4 | Date | Payee name | | | | | | |
| | 04/01/2024 | WinRed | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$0.82 | 1776 Wilson Blvd | | | | | | |
| | | Suite 530 | | | | | | |
| | | Arlington, VA 22209 | | | | | | |
| _ | | | | | | | | |
| 8 | PURPOSE OF | a) Category (See Categories listed at the top of this schedule) (b) Description | utside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | | |
| | | Credit Card P | rocessing Fees | | | | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 05/01/2024 | WinRed | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$0.82 | 1776 Wilson Blvd | | | | | | |
| | | Suite 530 | | | | | | |
| | | Arlington, VA 22209 | | | | | | |
| | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF | | utside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | Check if Austin, | TX, officeholder living expense | | | | | |
| | | Credit Card P | rocessing Fees | | | | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 06/01/2024 | WinRed | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$0.82 | 1776 Wilson Blvd | | | | | | |
| | | Suite 530 | | | | | | |
| | | Arlington, VA 22209 | | | | | | |
| | PURPOSE | a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF | | utside of Texas. Complete Schedule T. | | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | | |
| | | Credit Card P | rocessing Fees | | | | | |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|--|--|------------------------------|--|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Food Gift/A Imittee Legal | Expense /Beverage Expense wards/Memorials Expense Services Instruction Guide exp | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | Transportation Travel in Distric Travel Out of D | | |
| 1 | Total pages Schedule F1: | FILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) | |
| | Sch: 26/27 Rpt: 40/60 | | (The Honorable) | | | 00066066 | | |
| 4 | Date | Payee name | | | | • | | |
| | 02/01/2024 | WinRed | | | | | | |
| 6 | Amount (\$) | Payee address; | City; | State; Zip Co | de | | | |
| | \$1.03 | 1776 Wilson Blv | /d | | | | | |
| | | Suite 530 | | | | | | |
| | | Arlington, VA 22 | 2209 | | | | | |
| 8 | PURPOSE | Category (See Cat | egories listed at the top of t | his schedule) | (b) Description | | | |
| | | Fees | | | | outside of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | | | | n, TX, officeholder livin | | |
| | | | | | Credit Card F | Processing Fee | 2S | |
| _ | | | | 011 | | 011 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officehc | lder name | Office sou | jht | Office h | eld | |
| | Date | Payee name | | | | | | |
| | 05/25/2024 | WinRed | | | | | | |
| | Amount (\$) | Payee address; | City; S | State; Zip Co | de | | | |
| | \$2.05 | 1776 Wilson Blv | /d | | | | | |
| | | Suite 530 | | | | | | |
| | | Arlington, VA 22 | 2209 | | | | | |
| | PURPOSE | Category (See Cat | egories listed at the top of t | his schedule) | (b) Description | | | |
| | OF EXPENDITURE | Fees | | | | outside of Texas. Cor | | |
| | | | | | | n, TX, officeholder livin Processing Fee | | |
| | | | | | Credit Card I | TOCC35III g T CC | .5 | |
| | Complete ONLY if direct | andidate/Officehc | lder name | Office sou | aht | Office h | eld | |
| | expenditure to benefit C/OI | | | · | | | | |
| | Date | Payee name | | | | | | |
| | 01/26/2024 | Young Conserv | atives of Texas | | | | | |
| | Amount (\$) | Payee address; | | State; Zip Co | de | | | |
| | \$500.00 | 2500 Broadway | | <i>,</i> | | | | |
| | | | | | | | | |
| | | Lubbock, TX 79 | 409 | | | | | |
| | PURPOSE OF | | egories listed at the top of t | his schedule) | (b) Description | | | |
| | EXPENDITURE | Event Expense | | | | outside of Texas. Cor n, TX, officeholder livin | | |
| | | | | | Tickets to Ev | | g oxponee | |
| | | | | | | | | |
| | Complete ONLY if direct | andidate/Officeho | lder name | Office sou | jht | Office h | eld | |
| | expenditure to benefit C/OF | | | | | | | |
| | | | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Pollir y - Gift/Awards/Memorials Expense Printi al Committee Legal Services Salar | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | |
|---|---|---|---|----------------------|------------------------|----------------------------|--|
| 4 | Tatal pages Cabadula E1. | | | | Filer ID | (Ethico Commission Filoro) | |
| 1 | Total pages Schedule F1: | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 27/27 Rpt: 41/60 | Perry, Charles L. (The Honorable) | | | 00066066 | | |
| 4 | Date | 5 Payee name | | • | | | |
| | 04/11/2024 | de Cordova, Cheryl | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip | Code | | | | |
| | \$836.41 | 3109 Oak Mountain Trail | | | | | |
| | | San Angelo, TX 76904 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel Out of District | | Check if travel outs | side of Texas. Com | blete Schedule T. | |
| | EXPENDITORE | | | | <, officeholder living | | |
| | | | | Travel Expense | Reimbursen | nent | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | sought | | Office he | ld | |
| | Date | Payee name | | | | | |
| | 04/29/2024 | de Cordova, Cheryl | | | | | |
| | | - | Cada | | | | |
| | Amount (\$) | Payee address; City; State; Zip | Code | | | | |
| | \$476.00 | 3109 Oak Mountain Trail | | | | | |
| | | San Angelo, TX 76904 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outs | side of Texas. Com | blete Schedule T. | |
| | EXPENDITORE | | | | <, officeholder living | | |
| | | | | Office Supply R | eimburseme | nt | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sought | | Office he | ld | |
| | expenditure to benefit C/Oł | | | | | | |
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| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve - Gift/Award | orage Expense Pe Is/Memorials Expense Pi | S FOR BOX 2 oan Repayment/Re fflice Overhead/Re olling Expense rinting Expense alaries/Wages/Cor | eimbursement So ntal Expense Tr Tr Tr | blicitation/Fundraising B ansportation Equipmen avel in District avel Out of District THER (enter a categor | nt & Related E | |
|---|--|---|---|---|--|---|----------------|-------------|
| | | The Inst | ruction Guide explains how | w to complete t | his form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | ion Filers) |
| | Sch: 1/18 Rpt: 42/60 | Perry, Charles L. (T | The Honorable) | | | 00066066 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution nase | EXPEN | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged \$41.29 | (b) Date of Charge 01/04/2024 | (c) Date(s) 02/20/20 | Credit Card Issue 24 | r Paid | | |
| 7 | PAYEE | (a) Payee name American Airlines | | (b) Payee a PO Box 6 | 19616 | City, | State, | Zip Code |
| <u> </u> | | (a) Category (b) Description | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel Out of District | of this schedule) | Airfare | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name C | | | ce sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | | \$331.20 | 01/04/2024 | 02/20/20 | 24 | | | |
| | PAYEE | (a) Payee name American Airlines | | (b) Payee a PO Box 6 | 19616 | City, | State, | Zip Code |
| - | PURPOSE OF | (a) Category | | Dallas, TX 75261 (b) Description | | | | |
| | EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Airfare | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$30.00 | (b) Date of Charge 02/19/2024 | 03/18/20 | | r Paid | | |
| | PAYEE | (a) Payee name American Airlines | | (b) Payee a PO Box 6 Dallas, T2 | 19616 | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel Out of District | | (b) Descrip Airline Fe | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offic | ce sought | | Office held | | |

| | EXP | ENDITURE CATEGORIE | ES FOR BOX | 10(a) | | | | | |
|---|---|---|---|--|-------------------------|-----------------|--------------|--|--|
| Advertising Expense Accounting/Banking | Event Expe Fees | C | Office Overhead/Re | an Repayment/Reimbursement Solicitation/Fundraisir fice Overhead/Rental Expense Transportation Equipr | | | Expense | | |
| Consulting Expense Contributions/ Donations Made By | /- Gift/Award | s/Memorials Expense F | Poling Expense Travel in District Printing Expense Travel Out of District | | | | | | |
| Candidate/Officeholder/Politica | | rices S ruction Guide explains ho | Salaries/Wages/Cor | | THER (enter a category | y not listed al | oove) | | |
| 1 Total pages Schedule F4: | i | | w to complete t | | 3 Filer ID (Ethic | e Commiss | tion Eilers) | | |
| Sch: 2/18 Rpt: 43/60 | Perry, Charles L. (1 | The Honorable) | | | 00066066 | 5 00111115 | John Hiersy | | |
| 4 CREDIT CARD | | ncial institution | 5 ΤΟΤΑΙ | OF UNITEMIZED | | | | | |
| ISSUER | | revious | EXPEN | DITURES | \$ | | | | |
| | See p | CHARGED TO A CREDIT CARD | | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | , | | | | | | |
| | \$7.58 | 04/04/2024 | 02/20/20 | 24 | | | | | |
| | | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | - | City, | State, | Zip Code | | |
| | Austin Airport | 3600 Pre | sidential Blvd. | | | | | | |
| | | | | | | | | | |
| 8 PURPOSE OF | (a) Category | | Austin, T | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (See Categories listed at the top | of this schedule) | Meal | JUON | | | | | |
| X Political | Food/Beverage Expe | nse | moul | | | | | | |
| Non-Political | | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, | | | | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought | | | | Check if Austin, 1X, | Office held | ense | | | |
| expenditure to benefit C/OH | ounduite, oniocholder | | loo oougin | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | (c) Date(s) | Credit Card Issue | r Paid | | | | |
| \$52.14 04/02/2024 | | 05/20/20 | 24 | | | | | | |
| | Ψ 5 2.14 | 04/02/2024 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | |
| | | | 620 19th Street | | | | | | |
| | Cast Iron Grill | | | | | | | | |
| | | | | TX 79401 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | otion | | | | | |
| | Food/Beverage Expe | , | Meal | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | ice sought | | Office held | | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Daid | | | | |
| | | | 05/20/20 | | | | | | |
| | \$3.25 | 03/21/2024 | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address: | City, | State, | Zip Code | | |
| | | | | econd St. | - 97 | , | | | |
| | City of Austin Parki | ng | | | | | | | |
| | | | Austin, T | X 78701 | | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | otion | | | | | |
| | EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District | | Parking | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Off | ice sought | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |

| | SCHEDULE F4 | | | | |
|---|--|-----------------------------|---|---|--|
| | | | | | |
| Advorticing Exponso | | | () | Solicitation/Fundraising Expense | |
| Advertising Expense Accounting/Banking | Event Expe Fees | rage Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense | Transportation Equipment & Related Expense Travel in District | |
| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Awards | s/Memorials Expense | Printing Expense Salaries/Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) | |
| Canuldate/Officenoide//Politica | 5 | | ow to complete this form. | OTHER (effet a calegory flot listed above) | |
| 1 Total pages Schedule F4: | I | | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 3/18 Rpt: 44/60 | Perry, Charles L. (T | he Honorable) | | 00066066 | |
| 4 CREDIT CARD | | ncial institution | 5 TOTAL OF UNITEMIZE | | |
| ISSUER | | | EXPENDITURES | \$ | |
| | see previous | | CHARGED TO A CRED CARD | IT | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | uer Paid | |
| | \$278.22 | 03/10/2024 | 04/18/2024 | | |
| | | 03/10/2024 | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | | | 1601 Trapelo Road | , <u>-</u> | |
| | Constant Contact | | | | |
| | | | Waltham, MA 02451 | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top | | Campaign Email | | |
| X Political Office Overhead/Rental Expense | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, 1 | X, officeholder living expense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | uer Paid | |
| | \$278.22 02/10/2024 ^{03/18/2024} | | | | |
| | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | Constant Contact | | 1601 Trapelo Road | | |
| | Constant Contact | | | | |
| | (a) Category | | Waltham, MA 02451 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Campaign Email | | |
| X Political | Office Overhead/Rent | tal Expense | Campaign Emai | | |
| Non-Political | | | | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule | ffice sought | CX, officeholder living expense Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Oniceriolder | name O | nice sought | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | uer Paid | |
| | \$50.95 | 02/21/2024 | 04/18/2024 | | |
| | φ50.95 | 02/21/2024 | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | | | 158 Cypress Street | | |
| | Cypress Street Stat | tion | | | |
| | | | Abilene, TX 79601 | | |
| PURPOSE OF | (a) Category | | (b) Description | | |
| | (See Categories listed at the top Food/Beverage Exper | | Meal | | |
| X Political | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, 1 | X, officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | |
| expenditure to benefit C/OH | | | | | |

| | | ENDITURE CATEGORIE | | | | | |
|---|---|--------------------------------|--|------------------------|---|-----------------|--------------|
| Advertising Expense Accounting/Banking Consulting Expense | Event Expo Fees | 0 | oan Repayment/Rein ffice Overhead/Renta | al Expense Ti | olicitation/Fundraising I ransportation Equipment range in District | | Expense |
| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | /- Gift/Award | s/Memorials Expense P | olling Expense rinting Expense | Ti | ravel in District ravel Out of District | u not listed al | her (e) |
| Candidate/Officenoider/Politica | | ruction Guide explains ho | alaries/Wages/Contra | | THER (enter a categor | y not listed a | bove) |
| 1 Total pages Schedule F4: | · | | | | 3 Filer ID (Ethio | s Commiss | sion Filers) |
| Sch: 4/18 Rpt: 45/60 | Perry, Charles L. (1 | The Honorable) | | | 00066066 | | |
| 4 CREDIT CARD | · · · | ncial institution | 5 TOTAL O | F UNITEMIZED | | | |
| ISSUER | See previous | | ITURES | \$ | | | |
| | See p | Tevious | CARD | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | \$246.64 | 02/19/2024 | 04/18/2024 | 4 | | | |
| | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | Hampton Inn | | 4601 Cowł | norn Creek Rd. | | | |
| напроп пп | | | | | | | |
| | | | | , TX 75503 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | on | | | |
| | Travel Out of District | · · · · · · · · · , | Hotel | | | | |
| X Political | | | _ | | | | |
| Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | , officeholder living exp | ense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Om | ce sought | | Office held | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Daid | | |
| | | | 02/20/2024 | | | | |
| | \$100.44 | 01/10/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | ldress; | City, | State, | Zip Code |
| | N.L. M.L. | | 1812 N Moore Street | | | | |
| | Nestle | | | | | | |
| | | | Rosslyn, V | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this school () | (b) Descripti | | | | |
| | Office Overhead/Ren | | Office Sup | plies | | | |
| X Political | | | | | | | |
| Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | , officeholder living exp | ense | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Offi | ce sought | | Office held | | |
| expenditure to benefit C/OH | (a) Amount Charged | (h) Data at Charge | | | * Daid | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | 05/20/2024 | Credit Card Issue 4 | Palu | | |
| | \$212.48 | 04/10/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ac | dross: | City, | State, | Zip Code |
| | (a) Fayee hame | | 6805 Slide | | City, | State, | |
| | Office Max | | 0000 51100 | Noau | | | |
| | | | Lubbock, T | X 79424 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | | Office Sup | plies | | | |
| X Political | Office Overhead/Rent | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | <u>'</u> Г | Check if Austin, TX, | , officeholder living exp | ense | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Offi | ce sought | - | Office held | | |
| | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica | Event Expe Fees Food/Beve y - Gift/Award | Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi | | eimbursement So ntal Expense Tr Tr Tr | blicitation/Fundraising B ansportation Equipmer avel in District avel Out of District THER (enter a categor | nt & Related E | |
|---|---|---|-------------------------------------|--|---|----------------|-------------|
| | The Inst | ruction Guide explains ho | ow to complete t | his form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | ion Filers) |
| Sch: 5/18 Rpt: 46/60 | Perry, Charles L. (T | The Honorable) | | | 00066066 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged \$344.44 | (b) Date of Charge 04/10/2024 | (c) Date(s) 05/20/202 | Credit Card Issue 24 | r Paid | | |
| 7 PAYEE | (a) Payee name Overton Hotel | | | address; c Davis Lane TX 79401 | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Travel In District | of this schedule) | (b) Descrip Hotel | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | · [| Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | ice sought | | Office held | | | | |
| PAYMENT | (a) Amount Charged \$234.47 | (b) Date of Charge 05/30/2024 | (c) Date(s) 06/28/202 | Credit Card Issue 24 | r Paid | | |
| PAYEE | (a) Payee name Pappadeaux | I | (b) Payee a 6319 I-35 | North | City, | State, | Zip Code |
| | (a) Catagony | | Austin, TX 78752 (b) Description | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Expen | , | (b) Descrip Meal | uon | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | : [| Check if Austin, TX, | officeholder living exp | ense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | r name Off | ice sought | | Office held | | |
| PAYMENT | (a) Amount Charged \$93.31 | (b) Date of Charge 03/21/2024 | (c) Date(s) 05/20/202 | Credit Card Issue 24 | r Paid | | |
| PAYEE | (a) Payee name Stemmed Designs | | Suite E | address; vohig Ave. elo, TX 76903 | City, | State, | Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Gift/Awards/Memorial | ls Expense | (b) Descrip Flowers | _ | | | |
| Non-Political | | of Texas. Complete Schedule T | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | ice sought | | Office held | | |

| | EXPE | ENDITURE CATEGORIE | S FOR BOX | 10(a) | | | | | |
|--|---|--------------------------------|---|--------------------------|---|-----------------|--------------|--|--|
| Advertising Expense Accounting/Banking | Event Expe Fees | | oan Repayment/Reimbursement Solicitation/Fundraising Expense Iffice Overhead/Rental Expense Transportation Equipment & Related Expense | | | | | | |
| Consulting Expense Contributions/ Donations Made By | | rage Expense P | Polling Expense Travel in District Printing Expense Travel Out of District | | | | | | |
| Candidate/Officeholder/Politica | | | alaries/Wages/Co | | OTHER (enter a catego | ry not listed a | bove) | | |
| | The Inst | ruction Guide explains how | v to complete | this form. | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | |
| Sch: 6/18 Rpt: 47/60 | Perry, Charles L. (1 | he Honorable) | | | 00066066 | | | | |
| 4 CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZE | | | | | |
| ISSUER | see pi | revious | | DITURES GED TO A CRED | т \$ | | | | |
| | | | CARD | | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issu | ier Paid | | | | |
| | \$36.10 | 01/04/2024 | 02/20/20 | 24 | | | | | |
| | | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | |
| | | | PO Box 6 | 619616 | | | | | |
| | American Airlines | | | | | | | | |
| | | | Dallas, T | X 75261 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | otion | | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | Airfare | | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, T | X, officeholder living exp | ense | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sou | | | | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge | | | (c) Date(s) | Credit Card Issu | ıer Paid | | | | |
| | \$331.20 | 01/04/2024 | 02/20/20 | 24 | | | | | |
| | | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code | | |
| | | | PO Box 6 | 619616 | | | | | |
| | American Airlines | | | | | | | | |
| | | | Dallas, T | X 75261 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Airfare | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, T | X, officeholder living exp | ense | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Offi | ce sought | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issu | ıer Paid | | | | |
| | \$115.80 | 05/23/2024 | 06/28/20 | 24 | | | | | |
| | | | | | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee | address; | City, | State, | Zip Code | | |
| | | | 430 E Co | ommerce St. | | | | | |
| | Casa Rio | | | | | | | | |
| | | | | onio, TX 78205 | | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | otion | | | | | |
| | (See Categories listed at the top Food/Beverage Expe | | Meal | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | | | | | | | | | |
| | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, T | X, officeholder living exp | ense | | | |
| Complete <u>ONLY</u> if direct | (c) Check if travel outside Candidate/Officeholder | | ce sought | Check if Austin, T | X, officeholder living exp Office held | oense | | | |

| | | | EXPE | ENDITURE CATEGOR | RIES FOR BOX | 10(a) | | | | |
|--|--|-------------------------------------|---|-----------------------------|---|------------------------------|---|-----------|--------------|--|
| Accountin Consultin Contribut | ng Expense ng/Banking g Expense ions/ Donations Made By date/Officeholder/Politica | | Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin | | Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co | ental Expense Tr Tr Tr | ense Transportation Equipment & Related Expense Travel in District Travel Out of District | | | |
| | | - | The Inst | ruction Guide explains I | how to complete | this form. | | | | |
| 1 Total pa | ges Schedule F4: | 2 FILER NAM | 1E | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | |
| Sch: 7/: | 18 Rpt: 48/60 | Perry, Cha | arles L. (1 | he Honorable) | | | 00066066 | | | |
| 4 CREDIT | | Na | me of fina | ncial institution | | OF UNITEMIZED | \$ | | | |
| ISSUER | | | see p | revious | | GED TO A CREDIT | 1 1 | | | |
| 6 PAYME | NT | (a) Amount Ch | narged | (b) Date of Charge | ., . |) Credit Card Issue | r Paid | | | |
| | | \$231.0 |)9 | 05/15/2024 | 06/17/20 | JZ4 | | | | |
| 7 PAYEE | | (a) Payee nam | ne | | (b) Payee | address; | City, | State, | Zip Code | |
| | Cipollina | | | | | Lynn St. | | | | |
| | | | | | Austin T | X 78703 | | | | |
| 8 PURPO | SE OE | (a) Category | | | (b) Descri | | | | | |
| EXPEN | | (See Categories lis | • | , | Meal | | | | | |
| X Po | litical | Food/Bevera | age Expe | nse | | | | | | |
| No No | n-Political | (C) Check if t | travel outside | of Texas. Complete Schedule | т. | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Of | | | office sought | | Office held | | | | | |
| · · | e to benefit C/OH | | | | | | | | | |
| PAYMENT (a) A | | (a) Amount Ch | narged | (b) Date of Charge | (c) Date(s 05/20/20 |) Credit Card Issue | r Paid | | | |
| | | \$278.2 | 22 | 04/10/2024 | 03/20/20 | JZ4 | | | | |
| PAYEE | | (a) Payee nam | ne | • | (b) Payee | address; | City, | State, | Zip Code | |
| | | Constant (| Contact | | 1601 Tra | 1601 Trapelo Road | | | | |
| | | Constant | oontaot | | Malth are | | | | | |
| PURPO | SEOE | (a) Category | | | (b) Descri | n, MA 02451 | | | | |
| EXPEN | | (See Categories lis | ted at the top | of this schedule) | . , | Campaign Email | | | | |
| X Po | litical | Office Overh | lead/Ren | tal Expense | | | | | | |
| No | n-Political | (C) Check if t | travel outside | of Texas. Complete Schedule | е Т. | Check if Austin, TX, | officeholder living exp | ense | | |
| Complet | e <u>ONLY</u> if direct | Candidate/O | fficeholder | name C | Office sought | | Office held | | | |
| expenditur | e to benefit C/OH | | | | | | | | | |
| PAYME | NT | (a) Amount Ch | narged | (b) Date of Charge | (c) Date(s 06/28/20 |) Credit Card Issue | r Paid | | | |
| | | \$557.2 | 26 | 05/24/2024 | 00/20/20 |)24 | | | | |
| PAYEE | | (a) Payee nam | 20 | | (b) Payee | addrace | City, | State, | Zip Code | |
| | | (a) Fayee hah | ie - | | 600 E M | | City, | State, | Zip Code | |
| | | Grand Hya | att | | | unter of. | | | | |
| | | | | | San Ante | onio, TX 78205 | | | | |
| PURPO | | (a) Category | | | (b) Descri | ption | | | | |
| EXPEN | DITURE | (See Categories lis Travel Out o | | of this schedule) | Hotel | | | | | |
| X Po | litical | | | | | | | | | |
| No | n-Political | (C) Check if t | travel outside | of Texas. Complete Schedule | | Check if Austin, TX, | officeholder living exp | ense | | |
| - | e <u>ONLY</u> if direct | Candidate/O | fficeholder | name C | Office sought | | Office held | | | |
| expenditur | e to benefit C/OH | | | | | | | | | |

| EXPENDITORES MADE BY CREDIT CARD | | | | | SCHE | DULE F4 | | |
|--|---|--|---|---|--|--------------------|--|--|
| | | | | | | | | |
| | EXPE | ENDITURE CATEGOR | IES FOR BOX | 10(a) | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | I Committee Gift/Award Legal Serv | orage Expense s/Memorials Expense ices | Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Con | | | | | |
| 1 Total pages Schedule F4: | | | | | 3 Filer ID (Ethics C | Commission Filers) | | |
| | | ha Hanarahla) | | | 00066066 | | | |
| Sch: 8/18 Rpt: 49/60 | Perry, Charles L. (1 | • | 5 TOTAL | 0. | 00000000 | | | |
| 4 CREDIT CARD ISSUER | Name of fina see p | see previous | | OF UNITEMIZED DITURES GED TO A CREDIT | \$ | | | |
| 6 PAYMENT | (a) Amount Charged \$27.84 | (b) Date of Charge 03/10/2024 | (c) Date(s) 04/18/20 | Credit Card Issue 24 | r Paid | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, Zip Code | | |
| | Hilton | | 2001 Pos | st Oak Blvd | | | | |
| | | | Houston. | TX 77056 | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Hotel | | | | | |
| X Political | Travel Out of District | | | | | | | |
| | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | Check if Austin, TX, | , officeholder living expense | 9 | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$85.69 | (b) Date of Charge 02/19/2024 | (c) Date(s) 03/18/20 | Credit Card Issue 24 | r Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, Zip Code | | |
| | | | 301 E 3rd | d Street | | | | |
| | Hopkins Icehouse | | | | | | | |
| | | | Texarkan | ia, AR 71854 | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | | Meal | | | | | |
| X Political | Food/Beverage Expe | nse | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | | officeholder living evpense | | | |
| | (c) Check if travel outside Candidate/Officeholder | • | fice sought | | officeholder living expense Office held | ; | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Oniceriolder | name O | lice sought | | Onice neiu | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | | |
| | \$121.71 | 02/03/2024 | 03/18/20 | 24 | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address. | City, | State, Zip Code | | |
| | (u) r uyce name | | ., , | amar Blvd | Oity, | | | |
| | Loro Asian Smoker | nouse and Bar | | | | | | |
| | | | Austin, T | X 78704 | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Meal | | | | | |
| X Political | Food/Beverage Expe | nse | | | | | | |
| Non-Political | | of Toyon Complete Orbert | | | officebolder | <u></u> | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule | fice sought | | officeholder living expense Office held | 5 | | |
| Complete ONLY if direct expenditure to benefit C/OH | Canuluale/Onicenoluer | | nce sought | | Unice nelu | | | |

| | EXPE | ENDITURE CATEGORII | ES FOR BOX | 10(a) | | | |
|--|---|-------------------------------|--|-------------------------------------|--|-----------|--------------|
| Advertising Expense Accounting/Banking | Event Expe Fees | | Loan Repayment/R Office Overhead/Re | eimbursement So ental Expense Tr | olicitation/Fundraising E ansportation Equipmer | | Expense |
| Consulting Expense Contributions/ Donations Made By | | rage Expense | Polling Expense Printing Expense | Tr | avel in District | | |
| Candidate/Officeholder/Politica | | | | THER (enter a categor | y not listed at | oove) | |
| | The Inst | ruction Guide explains ho | w to complete | this form. | - | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 9/18 Rpt: 50/60 | Perry, Charles L. (1 | he Honorable) | | | 00066066 | | |
| 4 CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED | | | |
| ISSUER | see p | revious | | DITURES GED TO A CREDIT | \$ | | |
| | | | CARD | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | | (c) Date(s) Credit Card Issuer | | | |
| | \$14.02 | 05/24/2024 | 06/17/20 | 24 | | | |
| | | | | | | | |
| 7 PAYEE | (a) Payee name | 1 | (b) Payee | address; | City, | State, | Zip Code |
| | | | 9800 Airp | oort Blvd | | | |
| | Merit Coffee | | | | | | |
| | | | San Anto | nio, TX 78216 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | , | Meal | | | | |
| X Political | | nsc | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | | Check if Austin, TX, | officeholder living exp | ense | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Off | ice sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | \$99.82 | 03/07/2024 | 04/18/20 | 24 | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Dennederand | | 1001 Ave | enida De Las Am | ericas | | |
| | Pappadeaux - Hous | ston | | | | | |
| | | | Houston, | TX 77010 | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| | (See Categories listed at the top Food/Beverage Expe | | Meal | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | | Check if Austin, TX, | officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Off | ice sought | | Office held | | |
| expenditure to benefit C/OH | | - | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | \$94.09 | 03/23/2024 | 05/20/20 | 24 | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Derm de Dizzerie | | 11430 Qi | uaker Ave | | | |
| | Parry's Pizzeria | | Suite 900 |) | | | |
| | | | | TX 79424 | | | |
| PURPOSE OF | (a) Category | of this cohodule) | (b) Descrip | otion | | | |
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| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | | Check if Austin, TX, | officeholder living exp | ense | |
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| expenditure to benefit C/OH | | | | | | | |

| EVPENDTURE CATEGORIES FOR BOX 10(a) Address process Accertage Device Accerta | | | | | | | | | |
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| 1 Total pages Schedule F4. 2 FILER NAME 3 Filer ID (Ethes Commission Filers) 4 GREDT CARD Name of financial institution 5 TOTAL OF UNTERS CHARD TS JOB 00066066 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 5 7 PAYEE (a) Payee name (b) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Catagent lists almabale) (b) Date of Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Catagent lists almabale) (b) Description Campaign Email 8 PURPOSE OF EXPENDITURE (c) Credit Interval state of Tesas. Curpres Ortechter Interval state of Tesas. Curpres Ortechter Interval State (c) Description 9 Complete ONLY if direct Candidate/Officeholder name Office Scredit Card Issuer Paid 9 Complete ONLY if direct Candidate/Officeholder name Office Scredit Card Issuer Paid 9 Constant Contact (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Office Paid 9 Constant Contact (b) Date of Charge Office Paid (| Accounting/Banking Consulting Expense Contributions/ Donations Made By | Event Exp Fees Food/Beve y - Gift/Award | ense L C erage Expense P s/Memorials Expense P | oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense | Transportation Equipme Travel in District Travel Out of District | nt & Related I | | | |
| Sch:: 10/18 Rpt: 51/60 Perry, Charles L. (The Honorabile) 00066056 4 CREDIT CARD ISSURR Name of fina=clal institution \$27.822 5 TOTAL OF UNITENIZED CARD 5 00066056 9 PYMENT (a) Amount Charged \$278.22 (b) Date of Charge 01/10/2024 (c) Date(s) Credit Card Issuer Paid 02/2024 5 7 PAYEE (a) Payee name Constant Contact (b) Date of Charge 01/10/2024 (c) Description 8 PURPOSE OF expenditue to be compose use of the contribus somebule constant Contact (d) Date of Charge 05/10/2024 (f) Description Cardidate/Unice Name 06/10/2024 (f) Description 9 Complete DMLY if direct expenditue to be entitic control (f) Date of Charge 05/10/2024 (f) Date(S) Credit Card Issuer Paid 06/10/2024 (f) Description 9 PAYMENT (a) Amount Charged \$278.22 (b) Date of Charge 05/10/2024 (f) Description City, State, Zip Code 1601 Trapelo Road 9 PAYMENT (a) Chargen \$278.22 (b) Date of Charge 06/10/2024 (f) Description City, State, Zip Code 1601 Trapelo Road 9 PAYMENT (a) Chargen Constant Contact (f) Description <td></td> <td>The Inst</td> <td>ruction Guide explains how</td> <td>w to complete this form.</td> <td></td> <td></td> <td></td> | | The Inst | ruction Guide explains how | w to complete this form. | | | | | |
| 4 CREDIT CARD Name of financial institution see previous 5 TOTAL OF LWITEMIZED CHARGED TO A CREDIT SUPPORTURE CONTROL CARD TO A CREDIT SUPPORTURE CONTROL CARD TO A CREDIT SUPPORTURE CONTROL CARD TO A CREDIT SUPPORTURE CONTROL CONTROL CONTROL CONTROL CARD TO A CREDIT SUPPORTURE CONTROL CONTRUCT CONTROL CONTRUCT CONTROL CONTROL CONTROL CON | 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | |
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| 7 PAYEE (a) Payee name Constant Contact (b) Payee address; L601 Trapelo Road City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category Constant Contact (b) Payee address; Comparing Enail City, State, Zip Code 9 PURPOSE OF EXPENDITURE (a) Category Content at this up of the schedule; Office Overhead/Rental Expense (b) Description 2 Political (c) | 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | | ier Paid | | | | |
| Icy if give hands I | | \$278.22 | 01/10/2024 | 02/20/2024 | | | | | |
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| Image: Section Constant Office Overhead/Rental Expense Carripargin Ennant Image: Constant Contact (c) Image: Constant Contact Candidate/Office of Texas. Complete Schedule T. Image: Constant Contact PAYEE (a) Anount Charged (b) Date of Charge (c) Dete(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code PURPOSE OF (a) Category (b) Description Campaign Email (b) Description Campaign Email Image: I | | | | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged \$278.22 (b) Date of Charge 06/10/2024 (c) Date(s) Credit Card Issuer Paid 06/28/2024 PAYEE (a) Payee name Constant Contact (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Email Campaign Email (b) Non-Political (c) _ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office sought | | | , | Campaign Email | | | | | |
| expenditure to benefit C/OH PAYMENT | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, T | X, officeholder living exp | ense | | | |
| PAYMENT (a) Amount Charged \$278.22 (b) Date of Charge 06/10/2024 (c) Date(s) Credit Card Issuer Paid 06/28/2024 PAYEE (a) Payee name Constant Contact (b) Payee address; City, State, Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Email (b) Description Campaign Email (c) Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office Sought Office held | Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Offi | ce sought | Office held | | | | |
| PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Constant Contact Constant Contact 1601 Trapelo Road 1601 Trapelo Road PURPOSE OF (a) Category Valtham, MA 02451 Valtham, MA 02451 Valtham, MA 02451 Complete Core reading is listed at the top of this schedule) (b) Description Complete QNLY if direct Candidate/Officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | expenditure to benefit C/OH | | | | | | | | |
| PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Constant Contact 1601 Trapelo Road 1601 Trapelo Road Valtham, MA 02451 PURPOSE OF (a) Category (b) Description Campaign Email See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held | PAYMENT | (a) Amount Charged | (b) Date of Charge | | ier Paid | | | | |
| Image: Constant Contact (a) Category Constant Contact Waltham, MA 02451 Image: Constant Contact (b) Description Campaign Email Cance Complete ONLY if direct Complete ONLY if direct Candidate/Officeholder name | | \$278.22 | 06/10/2024 | 06/28/2024 | | | | | |
| Constant Contact Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Email Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct Candidate/Officeholder name Office Sought Office held | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | |
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| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Email Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office Sought Office held | | Constant Contact | | | | | | | |
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| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | • | | | | | | |
| | Non-Political | (C) Check if travel outside | | | X, officeholder living exp | ense | | | |
| | | Candidate/Officeholder | name Offi | ce sought | Office held | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Exp Fees Food/Beve Gift/Award | erage Expense P s/Memorials Expense P | ES FOR BOX oan Repayment/R Office Overhead/Re Polling Expense Printing Expense Galaries/Wages/Co | eimbursement S ental Expense T T T | olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above) | | |
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| | | The Inst | ruction Guide explains ho | w to complete | this form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 11/18 Rpt: 52/60 | Perry, Charles L. (1 | The Honorable) | | | 00066066 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issue | er Paid | | |
| | | \$62.66 | 03/07/2024 | 04/18/20 | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Gringo's Mexican K | (itchen | 2631 Underwood Rd. | | | | |
| | | | | | , TX 77571 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Expe | - | (b) Descriț Meal | otion | | | |
| | Non-Political | | of Taylog, Complete Cabadula T | | | officebolder living over | | |
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| | xpenditure to benefit C/OH | Canalatic, Chiecholder | inanie oli | oc sought | | Onice field | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issue | er Paid | | |
| | | \$91.10 | 02/14/2024 | 03/18/20 | 24 | | | |
| | PAYEE | (a) Payee name Nestle | | (b) Payee address; 1812 N Moore Street | | City, | State, | Zip Code |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descrip | VA 22209 | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | , | Office Su | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| | PAYMENT | (a) Amount Charged \$90.22 | (b) Date of Charge 04/13/2024 | (c) Date(s) 05/20/20 |) Credit Card Issue 24 | er Paid | | |
| | PAYEE | (a) Payee name Nestle | | (b) Payee address; 1812 N Moore Street Rosslyn, VA 22209 | | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Office Overhead/Ren | tal Expense | (b) Descrij Office St | ipplies | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |

| | SCHEDULE F4 | | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve / - Gift/Awards al Committee Legal Serv | rage Expense s/Memorials Expense ices | IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
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| 1 Total pages Schedule F4: | | he Llevereble) | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 12/18 Rpt: 53/60 | Perry, Charles L. (T | | | 00066066 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged \$38.51 | (b) Date of Charge 06/13/2024 | (c) Date(s) Credit Card Iss 06/28/2024 | suer Paid | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 1812 N Moore Street | | | | | |
| | Nestle | | | | | | | |
| | | | Rosslyn, VA 22209 | | | | | |
| 8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) | | | (b) Description | | | | | |
| Office Overhead/Rental Expense | | | Office Supplies | | | | | |
| X Political | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$268.63 | (b) Date of Charge 03/30/2024 | (c) Date(s) Credit Card Iss 05/20/2024 | suer Paid | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 225 Varick Street | | | | | |
| | Squarespace, Inc. | | 12th Floor | | | | | |
| | | | New York, NY 10014 | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Description | | | | | |
| | Office Overhead/Rent | | Campaign Website | | | | | |
| X Political | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Of | ffice sought | Office held | | | | |
| expenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Date of Charge | (a) Data(a) Cradit Card las | | | | | |
| PATMENT | | C, C | (c) Date(s) Credit Card Iss 06/17/2024 | | | | | |
| | \$79.00 | 05/17/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Pavee address; | City, State, Zip Code | | | | |
| | (a) r ayoo namo | | 807 Brazos St. | | | | | |
| | Texas GOP | | | | | | | |
| | | | Austin, TX 78701 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Dues and Subscriptio | | Membership Dues | | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austin, | TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Of | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |

| | Advertising Expense | EXPI Event Exp | | S FOR BOX (| ., | licitation/Fundraising | Evnense | |
|---|---|---|--------------------------------|---|---------------------------|--|---------------|--------------|
| | Accounting/Banking Consulting Expense | Fees | Of | fice Overhead/Re olling Expense | ntal Expense Tra | ansportation Equipme avel in District | | Expense |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Award | Is/Memorials Expense Pr | Ining Expense Travel Out of District laries/Wages/Contract Labor OTHER (enter a category not listed above) | | | | nove) |
| | | The Instruction Guide explains how to complete this form. | | | | | y not noted a | 5000) |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) |
| | Sch: 13/18 Rpt: 54/60 | Perry, Charles L. (1 | The Honorable) | | | 00066066 | | - |
| 4 | CREDIT CARD | Name of fina | ncial institution | | OF UNITEMIZED | | | |
| | ISSUER | see p | revious | | DITURES ED TO A CREDIT | \$ | | |
| | | | | CARD | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | | r Paid | | |
| | | \$21.00 | 06/21/2024 | 06/28/2024 | | | | |
| | | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | | City, | State, | Zip Code |
| | | Indeed Tower Park | ring Carage | 200 W 6tl | h Street | | | |
| | | | ang Garage | | | | | |
| | | (a) Catagon (| | Austin, T | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip Parking | luon | | | |
| | X Political | Travel Out of District | | T arking | | | | |
| | Non-Political | | | | _ | | | |
| Ļ | | (C) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Check if Austin, TX, | officeholder living exp Office held | ense | |
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| - | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$98.47 | ., | 03/14/2024 04/18/2024 | | | | |
| | | φ30.41 | 00/14/2024 | | | | | |
| ⊢ | PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | | | | 1812 N M | loore Street | | | |
| | | Nestle | | | | | | |
| | | | | | VA 22209 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | _ | Office Overhead/Ren | · · | Office Su | pplies | | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | a aquelat | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name Offic | e sought | | Office held | | |
| | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | | | 06/17/202 | | | | |
| | | \$38.51 | 05/15/2024 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
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| | | Nestle | | | | | | |
| L | | | | Rosslyn, | VA 22209 | | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Ren | | Office Su | pplies | | | |
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| e | xpenditure to benefit C/OH | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Consulting Expense Fees Polling Expense Solicitation/Fundraising Expense Consulting Expense Fees Polling Expense Solicitation/Fundraising Expense Consulting Expense Fees Polling Expense Travel in District Consulting Consulting Expense For Box 10(a) Travel in District Consulting Expense Contributions/Donations Made By- Control of District Travel in District Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. OTHER (enter a category not list 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Com Sch: 14/18 Rpt: 55/60 Perry, Charles L. (The Honorable) 00066066 00066066 00066066 4 CREDIT CARD Name of financial institution 5 TOTAL OF UNITEMIZED \$ ISSUER (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/17/2024 | ted Expense ed above) mission Filers) | | | | |
|--|---|--|--|--|--|
| Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor Transportation Equipment & Rela Travel in District 1 Total pages Schedule F4: Sch: 14/18 Rpt: 55/60 2 FILER NAME Perry, Charles L. (The Honorable) 3 Filer ID (Ethics Com 00066066 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/17/2024 Paid | ted Expense ed above) mission Filers) | | | | |
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| 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/17/2024 | e, Zip Code | | | | |
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| 06/17/2024 | e, Zip Code | | | | |
| I I I I I I I I I I I I I I I I I I I | e, Zip Code | | | | |
| \$149.34 05/12/2024 | e, Zip Code | | | | |
| 7 PAYEE (a) Payee name (b) Payee address; City, Sta | | | | | |
| Randall's Grocery Store 2727 Exposition Blvd. | | | | | |
| Austin, TX 78703 | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Supplies | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OH | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/28/2024 06/28/2024 | | | | | |
| \$17.70 06/13/2024 06/28/2024 | | | | | |
| PAYEE (a) Payee name (b) Payee address; City, State | e, Zip Code | | | | |
| 603 Barton Springs Rd. | | | | | |
| | | | | | |
| Austin, TX 78704 | | | | | |
| PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Meal | (b) Description | | | | |
| X Political | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid | | | | | |
| \$228.98 03/20/2024 05/20/2024 | | | | | |
| PAYEE (a) Payee name (b) Payee address; City, State | e, Zip Code | | | | |
| Southwest Airlines PO Box 36647-1CR | | | | | |
| Dallas, TX 75235 | | | | | |
| PURPOSE OF (a) Category (b) Description | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Airfare | | | | | |
| X Political | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
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| | | | ENDITURE CATEGORIE | | ., | | | |
|-----------------------------|---|---|--------------------------------|--|-----------------------------|---|-------------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense | Event Expe Fees | 0 | oan Repayment/R ffice Overhead/Re olling Expense | ental Expense Ti | olicitation/Fundraising ransportation Equipme ravel in District | | Expense |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award | s/Memorials Expense Pi | rinting Expense alaries/Wages/Co | T | ravel Out of District THER (enter a catego | rv not listed al | nove) |
| | | The Instruction Guide explains how to complete this form. | | | | | i ji not notod di | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) |
| | Sch: 15/18 Rpt: 56/60 | Perry, Charles L. (1 | The Honorable) | | | 00066066 | | |
| 4 | CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED | | | |
| | ISSUER | see p | revious | | IDITURES GED TO A CREDIT | - | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | er Paid | | |
| | | \$219.00 | 05/16/2024 | 06/17/20 | 124 | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | | Southwest Airlines | | PO Box 3 | 36647-1CR | | | |
| | | Sourmest Annues | | | | | | |
| 8 | PURPOSE OF | Dallas, TX 75235 | | | | | | |
| ľ | EXPENDITURE | (See Categories listed at the top | of this schedule) | Airfare | | | | |
| | X Political | Travel Out of District | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living ex | oense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 04/18/20 |) Credit Card Issue | er Paid | | |
| | | \$151.55 | 03/19/2024 | 04/18/20 | 124 | | | |
| | PAYEE | (a) Payee name | • | (b) Payee address; | | City, | State, | Zip Code |
| | | Texas State Directo |) V | PO Box 2 | 12186 | | | |
| | | Texas Glate Bireola | Si y | Austin T | X 70711 | | | |
| ⊢ | PURPOSE OF | (a) Category | | Austin, T (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | , | Membership Dues | | | | |
| | X Political | Dues and Subscriptio | ns | | - | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living ex | pense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | 1 | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 05/20/20 |) Credit Card Issue | er Paid | | |
| | | \$149.86 | 04/16/2024 | 03/20/20 | 24 | | | |
| ┝ | PAYEE | (a) Payee name | | (b) Payee | address. | City, | State, | Zip Code |
| | | (a) r ayoo namo | | 23 S Par | | ony, | otato, | 2.0 0000 |
| | | The Peasant Village | е | | | | | |
| | | | | San Ang | elo, TX 76901 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | otion | | | |
| | _ | Food/Beverage Expe | , | Meal | | | | |
| | X Political | | | | | | | |
| ⊢ | Non-Political | | of Texas. Complete Schedule T. | o coucht | Check if Austin, TX | , officeholder living ex | oense | |
| | Complete <u>ONLY</u> if direct spenditure to benefit C/OH | Candidate/Officeholder | name Omo | ce sought | | Office held | | |
| | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Exp. Fees Food/Beve / - Gift/Award | erage Expense P Is/Memorials Expense P | ES FOR BOX oan Repayment/R office Overhead/Re olling Expense trinting Expense salaries/Wages/Co | eimbursement ental Expense | Tra Tra Tra | icitation/Fundraising E nsportation Equipmer vel in District vel Out of District HER (enter a categor | t & Related I | |
|---|--|---|---|--|-------------------------------|-------------------|---|---------------|--------------|
| | | The Inst | ruction Guide explains ho | w to complete | this form. | | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 16/18 Rpt: 57/60 | Perry, Charles L. (1 | The Honorable) | | | | 00066066 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | OF UNITEMI | | | | |
| | ISSUER | see p | revious | EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card I | Issuer | Paid | | |
| | | \$90.00 | 06/01/2024 | 06/28/20 | 24 | | | | |
| 7 | PAYEE | (a) Payee name | _ | (b) Payee | address; | | City, | State, | Zip Code |
| | | The Texan | | 512 E. 1 | 1th Street | | | | |
| | | | | Suite 110 |) | | | | |
| | | | | Austin, T | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Subscription | | | | | |
| | | Dues and Subscriptio | , | | | | | | |
| | X Political | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Aust | tin, TX, c | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | | Office held | | |
| e | xpenditure to benefit C/OH | | 1 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 | () () | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 04/18/20 |) Credit Card I | Issuer | Paid | | |
| | | \$21.00 | 02/26/2024 | 04/18/2024 | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee | (b) Payee address; | | | State, | Zip Code |
| | | T '(0) T (1) (1) | | 11011 R | esearch Blvo | d | | | |
| | | Tiff's Treats | | Suite 310 |) | | | | |
| | | | | Austin, T | X 78759 | | | | |
| | PURPOSE OF | (a) Category | of this school (10) | (b) Descri | otion | | | | |
| | | (See Categories listed at the top Food/Beverage Expe | · · | Cookies | | | | | |
| | X Political | | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Aust | tin, TX, c | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | | Office held | | |
| e | xpenditure to benefit C/OH | | 1 | _ | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 03/18/20 |) Credit Card I | Issuer | Paid | | |
| | | \$4.87 | 02/07/2024 | 03/10/20 | 124 | | | | |
| | | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | | | City, | State, | Zip Code |
| | | USPS | | Singer S | | | | | |
| | | | | 4901 S L | • | | | | |
| ┝ | | (a) Category | | (b) Descrip | , TX 79464 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | Postage | 0001 | | | | |
| | X Political | Office Overhead/Ren | tal Expense | · cougo | | | | | |
| | Non-Political | | | | | 41 | | | |
| ⊢ | | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | ce sought | Check if Aust | αιη, TX, c | Officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Onicendider | Ulli Ulli | ce sought | | | | | |
| | Apenditure to benefit C/OH | l | | | | | | | |

| | | | ENDITURE CATEGORIE | | () | | | |
|---|---|---|--------------------------------|--|-----------------------------|--|--------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense | Event Exp Fees Ecod/Rov | Off | aan Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District | | | Expense | |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award | Is/Memorials Expense Pri | inting Expense laries/Wages/Co | Tr | avel Out of District THER (enter a category | not listed a | bove) |
| | | The Instruction Guide explains how to complete this form. | | | | | not notod d | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethics | s Commiss | sion Filers) |
| | Sch: 17/18 Rpt: 58/60 | Perry, Charles L. (| The Honorable) | | | 00066066 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | OF UNITEMIZED | | | |
| | ISSUER | see p | revious | | IDITURES GED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | r Paid | | |
| | | \$104.33 | 03/23/2024 | 05/20/20 | 024 | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Wal-Mart | | 4215 S L | .oop 289 | | | |
| | | Wal-Walt | | | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descrip | , TX 79424 | | | |
| ľ | EXPENDITURE | (See Categories listed at the top | , | Office Su | | | | |
| | X Political | Office Overhead/Ren | tal Expense | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | nse | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | r name Offic | e sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | ., ., | Credit Card Issue | | | |
| | | \$500.00 | 05/21/2024 | 06/28/2024 02/20/2024 06/28/2024 | | | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | | Young Life | | 3202 34t | h St. | | | |
| | | 5 5 5 | | Lubbock | , TX 79410 | | | |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descrip | - | | | |
| | EXPENDITURE | (See Categories listed at the top | | Donation | ĺ | | | |
| | X Political | Contributions/Donation Candidate/Officehold | er/Political Committee | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | 1 | Check if Austin, TX, | officeholder living expe | nse | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offic | e sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | <u> </u> | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issue 24 | r Paid | | |
| | | \$2,535.70 | 01/04/2024 | 02/20/20 | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | British Airlines | | PO Box 3 | 365 | | | |
| | | | | Harmone | lsworth London L | Inited Kingdom | | |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | Airfare | | | | |
| | X Political | Travel Out of District | | | | | | |
| | Non-Political | (C) X Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | nse | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offic | e sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |

| | | EXPE | ENDITURE CATEGOR | IES FOR BOX 1 | L0(a) | | |
|---|---|---|-----------------------------|--------------------------------|---|-----------------------------|--|
| | Accounting/Banking Fees Office Overhead/Rental Expense T Consulting Expense Food/Beverage Expense Polling Expense T Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense T | | | ntal Expense Tra Tra Tra | olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above) | | |
| The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 18/18 Rpt: 59/60 | Perry, Charles L. (T | he Honorable) | | | 00066066 | |
| 4 | CREDIT CARD | Name of finar | ncial institution | | OF UNITEMIZED | ¢ | |
| | ISSUER | see pi | revious | | DITURES ED TO A CREDIT | \$ | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | Paid | |
| | | \$261.98 | 03/20/2024 | 05/20/202 | 24 | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | address; | City, State, Zip Code | |
| | | | | | 6647-1CR | | |
| | | Southwest Airlines | | | | | |
| | | | | Dallas, T> | X 75235 | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descrip | tion | | |
| | EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Airfare | | | |
| | X Political | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | т. [| Check if Austin, TX, | officeholder living expense | |
| | Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | | Office held | |
| e | xpenditure to benefit C/OH | | | | | | |
| | | | | | | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| The Instruction Guide explains how to complete this form. | | | | | | 1 Total pages Schedule T: Sch: 1/1 Rpt: 60/60 | | | |
|---|--|--|------------|------------|------|--|-------------|--|--|
| 2 FILER NAME | | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Perry, Charles L. (The Honorable) | | | | | | 00066066 | | | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | | | |
| British Airlines | | | | | | | | | |
| 5 Contribution / Expenditure reported on: | | | | | | | | | |
| Schedule A2 | | | | | | | Schedule F1 | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Sche | edule COH-UC | | | |
| 6 Dates of Travel | 7 Name | Name of person(s) traveling | | | | | | | |
| | | Perry, Charles (The Honorable) | | | | | | | |
| | - | 8 Departure city or name of departure location | | | | | | | |
| 02/11/2024 | London | | | | | | | | |
| 02/11/2024 | 9 Destination city or name of destination location | | | | | | | | |
| 02/11/2024 | | Lubbock | | | | | | | |
| | | | | | | | | | |
| 10 Means of transportation11 Purpose of travel (including name of conference, seminar, or other event)Commercial AirplaneWater Conference | | | | | | | | | |
| | | | | | | | | | |
| Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | | | |
| British Airlines | | | | | | | | | |
| Contribution / Expenditure reported on: | | | | | | | | | |
| Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F | | | | | | | | | |
| Schedule F2 | X | Schedule F4 | Schedule G | Schedule H | Sche | edule COH-UC | | | |
| Dates of Travel Name of person(s) traveling | | | | | | | | | |
| | Perry, Charles (The Honorable) | | | | | | | | |
| | Departure city or name of departure location | | | | | | | | |
| 02/03/2024 | Lubbock | | | | | | | | |
| | Destination city or name of destination location | | | | | | | | |
| 02/03/2024 | Londo | London | | | | | | | |
| Means of transportation Purpose of travel (including name of conference, seminar, or other event) | | | | | | | | | |
| Commercial Airplane | | Water Conference | | | | | | | |
| | | | | | | | | | |
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