CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete t	his form.	Filer ID (Ethics Commiss 00088107	ion Filers)	2 Total pages fil	led: 51
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIR	RST vrla		MI	OFFICE (JSE ONLY
NAME		πα			Date Received ELECTRONICA	ALLY FILED
	NICKNAME LA:	ST jorquez		SUFFIX	··· 10/07/2024	
4 CANDIDATE /	ADDDESS / DO DOV: ADT / SU	UTC # CITY		ZID CODE	Date Hand-delivered o	r Nate Postmarked
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU 420 Lomax Ln.	IIIE#, CITY,		ZIP CODE	Receipt #	Amount
Change of Address	Fort Worth, TX 76131				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIR			MI		
	NICKNAME LAS	ST nford		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX 1652 Sheldon Dr.	(PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
(Residence or Business)	Forney, TX 75126					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NI (785) 307-3209	UMBER EXT	ENSION			
8 REPORT TYPE		80th day before ele 8th day before elec	tion	Runoff Exceeded modified eporting limit	15th day after cal appointment (office Final Report (Atta	ceholder only)
9 PERIOD COVERED	Month Day Year 07/01/2024	THRC	DUGH	Month Day 09/26/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	Prima X Gene		ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Represent		
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 51

13 C / OH NAME	Bojorquez, Perla		14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 13,500.24
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 12,264.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 8,999.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 829.78
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		P	erla Bojorquez	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 51
18 FILER NAME Bojorquez, Perla		19 Filer ID 00088107	(Ethics Commission	Filers)
20 SCHEDULE SUBTO			SUBTOTAL AM	OUNT
1. X SCHE	DULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,000.24
2. X SCHE	DULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,500.00
3. X SCHE	DULE B: PLEDGED CONTRIBUTIONS		\$	500.00
4. SCHE	DULE E: LOANS		\$	
5. X SCHE	\$	7,892.57		
6. SCHE	\$			
7. SCHE	DULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. X SCHE	DULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,252.04
9. X SCHE	DULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	119.44
10. SCHE	DULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. SCHE	DULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
12. SCHE	DULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F LER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 1/23 Rpt: 4/51	
2	FILER NAME Bojorquez, P	erla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 09/02/2024	 Full name of contributor out-of-st AYALA, JOSE Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$25.00
0	Dringing Loon	ARLINGTON, TX 76013	lo.	Employer (Coa Instructions	_		
8	PROFESSO	pation / Job title (See Instructions)	9	UTA UTA	•)		
	Date 07/18/2024	BALL, SABRINA				Amount of Contribution (\$)	\$100.00
	Deire sin al acces	FORT WORTH, TX 76110		Foundation (Constructions	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/15/2024	Full name of contributor out-of-st BARROWS, CYNTHIA Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		IRVING, TX 75061		Trm. 1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/51 3 Filer ID (Ethics Commission Filers) 00088107 7 Amount of Contribution (\$) Employer (See Instructions) UTA Amount of Contribution (\$) Employer (See Instructions) Amount of Contribution (\$) \$40.00 Employer (See Instructions) Amount of Contribution (\$) \$40.00 Employer (See Instructions) Amount of Contribution (\$) \$400.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/30/2024	BAUER, MARK		,		Amount of Contribution (\$)	\$400.00
	•	oation / Job title (See Instructions) E CONSULTANT			5)		
	Date 09/05/2024	Full name of contributor out-of-st BEAUMONT, FRANCESCA Contributor address; City; State; Zip Cod HOUSTON, TX 77007	tate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions)			5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/23 Rpt: 5/51	
2	FILER NAME Bojorquez, P	'erla			3	Filer ID (Ethics Commission 00088107	ı Filers)
4	Date 09/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	FORT WORTH, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	NOT EMPLO	DYED		NOT EMPLOYED			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_BOROFSKY, GARY Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		COLLEYVILLE, TX 76034					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#:_BOWERS, ANNA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		BURLESON, TX 76028	_				
	Principal occu NURSE	pation / Job title (See Instructions)		Employer (See Instructions THR THFW	s) 		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_BROOKS, ROY Contributor address; City; State; Zip Code FORT WORTH, TX 76132)		Amount of Contribution (\$)	\$500.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_BURNAM, LON Contributor address; City; State; Zip Code FORT WORTH, TX 76102				Amount of Contribution (\$)	\$250.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/23 Rpt: 6/51	
2	FILER NAME Bojorquez, F			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 07/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	FORT WORTH, TX 76111 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID#:_ CALABRESE, GLENN Contributor address; City; State; Zip Code FORT WORTH, TX 76111)		Amount of Contribution (\$)	\$25.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions NOT EMPLOYED)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ CALABRESE, GLENN Contributor address; City; State; Zip Code FORT WORTH, TX 76111			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions NOT EMPLOYED)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ CALABRESE, GLENN Contributor address; City; State; Zip Code FORT WORTH, TX 76111			Amount of Contribution (\$)	\$5.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions NOT EMPLOYED)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ CAMPBELL, RANDY Contributor address; City; State; Zip Code FORT WORTH, TX 76244)		Amount of Contribution (\$)	\$100.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions NOT EMPLOYED)		

	MONET	ARY POLITICAL CONTRIBUTION	7(IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 4/23 Rpt: 7/51	
2	FILER NAME Bojorquez, P	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 09/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
•	Principal occu	FORT WORTH, TX 76111 pation / Job title (See Instructions)	0	Employer (See Instructions	·/		
0	TAX ACCOL		9	STF SERVICES	»)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_CASE, AARON Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	FORT WORTH, TX 76104 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Instructional	,		CED	,,		
	Date 08/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		FORT WORTH, TX 76137					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ CHITTY, JOHN Contributor address; City; State; Zip Code FORT WORTH, TX 76131)		Amount of Contribution (\$)	\$5.00
	Principal occu PRESSMAN	pation / Job title (See Instructions)		Employer (See Instructions USBEP	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ CHITTY, JOHN Contributor address; City; State; Zip Code FORT WORTH, TX 76131				Amount of Contribution (\$)	\$5.00
	Principal occu PRESSMAN	pation / Job title (See Instructions)		Employer (See Instructions USBEP	<u>(</u>		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	ı	Total pages Schedule A1: Sch: 5/23 Rpt: 8/51	
2	FILER NAME Bojorquez, P	°erla			ı	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/24/2024)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	AUSTIN, TX 78757	To To	5 1 (0 1 1 "	<u> </u>		
8	ATTORNEY	pation / Job title (See Instructions)	9				
	Date 07/02/2024	Full name of contributor COOLEY, SANDRA Contributor address; City; Sta				Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	RETIRED	,		N/A	,		
	Date 07/15/2024	Full name of contributor COOLEY, SANDRA Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$40.00
		ction Guide explains how to complete this form. 1 Total pages Schedule Sch: 5/23 Rpt: 8/51 3 Filer ID (Ethics Commons Petrla 4 Page 1) Total pages Schedule Sch: 5/23 Rpt: 8/51 5 Full name of contributor					
	Principal occu RETIRED	pation / Job title (See Instructions)		. , .	5)		
	Date 08/02/2024	COOLEY, SANDRA Contributor address; City; Sta				Amount of Contribution (\$)	\$20.00
	Principal occu RETIRED	pation / Job title (See Instructions)			5)		
	Date 08/13/2024	COOLEY, SANDRA Contributor address; City; Sta	<u> </u>			Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		, , ,	s)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/23 Rpt: 9/51	
2	FILER NAME Bojorquez, F	Perla		3	Filer ID (Ethics Commission 00088107	Filers)
4	Date 09/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	KELLER, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions)		
	RETIRED	panon, cos uno (cos monustro)	N/A	,		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ COOLEY, SANDRA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	District	KELLER, TX 76244	Frankrije (O. a. kratinski ara			
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions N/A)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_COY, JERRY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	<u> </u>	COLUMBUS, TX 78934				
	NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions NOT EMPLOYED)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ CURTS, JOANNA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions SELF)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ CUSTER RAMSEY, AMY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
	Principal occu	FORT WORTH, TX 76109 pation / Job title (See Instructions)	Employer (See Instructions)		
			SELF			

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 7/23 Rpt: 10/51	
2		Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/22/2024	 Full name of contributor out-of-state PAC (ID#: CUTLER, SHARI Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$250.00
_		NORTH RICHLAND HILLS, TX 76182	1_				
8	Principal occu IT SE	pation / Job title (See Instructions)	9	Employer (See Instructions PURE STORAGE	5)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#: DANIELS, JACQUES Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	FORT WORTH, TX 76131	_	Employer (See Instructions	=)		
				SELF SELF	P)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#: DAVIS, DIXIE Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
O8/22/2024 CUTLER, SHARI 6 Contributor address; City; State; Zip Code	FORT WORTH, TX 76244						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		DAVIS, SYLVIA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
				Employer (See Instructions	<u> </u>		
		DEMERCURIO, MALINDA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	•			Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/23 Rpt: 11/51	
2	FILER NAME Bojorquez, P	erla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 09/05/2024	 Full name of contributor out-of-state PAC (ID: ELY, STEVE Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$30.00
_	Deignaignal	AMARILLO, TX 79109	ام	Family on (Can Instruction			
8	LIBRARIAN	pation / Job title (See Instructions)	9	Employer (See Instructions SELF	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID: EPPLER, SAM Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Dringing agg	DALLAS, TX 75230		Employer (See Instructions	<u>,,</u>		
	PRINCIPAL	pation / Job title (See Instructions)		Employer (See Instructions DALLAS ISD	s)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID: ERICKSON, JENNIFER Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		FORT WORTH, TX 76244			_		
	COMMUNIC	pation / Job title (See Instructions) ATION		Employer (See Instructions TEXAS HEALTH RESC	•	RCES	
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID) FOWLER, ROBERT Contributor address; City; State; Zip Code AUSTIN, TX 78758)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) NT EMPLOYEE		Employer (See Instructions HOME SLICE PIZZA	<u>l</u> s)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID: Franklin, Joyce Contributor address; City; State; Zip Code Keller, TX 76244				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			•				

	FARY POLITICAL CONTRIBUTION	NS		SCHEDULE	E A1
The Instru	iction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/23 Rpt: 12/51	
2 FILER NAME Bojorquez, F			3	Filer ID (Ethics Commission 00088107	n Filers)
4 Date 08/28/2024	5 Full name of contributor ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
	AUSTIN, TX 78729				
	upation / Job title (See Instructions) PLICY DIRECTOR	9 Employer (See Instructions NAMI TEXAS	s)		
Date 08/23/2024)		Amount of Contribution (\$)	\$500.00
	DALLAS, TX 75247		Ĺ		
Principal occu ATTORNEY	upation / Job title (See Instructions)	Employer (See Instructions LAW OFFICES OF DON		IGO GARCIA	
Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:GAY, FREDERICK Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	FORT WORTH, TX 76244				
Principal occu ENGINEER	upation / Job title (See Instructions)	Employer (See Instructions LOCKHEED MARTIN	S)		
Date 09/25/2024	GAYDEN, CRYSTAL			Amount of Contribution (\$)	\$30.00
Principal occu	FORT WORTH, TX 76120 upation / Job title (See Instructions)	Employer (See Instructions SELF	<u> </u> s)		
Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	NORRISTOWN, PA 19403 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
Duin ale et e	UNDERFOR A LOD TITIO (SOO INCTRUCTIONS)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	10	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/23 Rpt: 13/51	
2	FILER NAME Bojorquez, F	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/22/2024	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	NORTH RICHLAND HILLS, TX 76180 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	NOT EMPLO		ľ	NOT EMPLOYED	,,		
	Date 08/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> s)		
	REAL ESTA			SELF	,		
	Date 07/19/2024	Full name of contributor	t:			Amount of Contribution (\$)	\$100.00
		HASLET, TX 76052					
	Principal occu TERRITORY	pation / Job title (See Instructions)		Employer (See Instructions NATIONAL TUBE SUPI		CO.	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID# GREEN, TAG Contributor address; City; State; Zip Code HASLET, TX 76052)		Amount of Contribution (\$)	\$400.00
	•	pation / Job title (See Instructions) / MANAGER		Employer (See Instructions NATIONAL TUBE SUPI		/ CO.	
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#GRIFFIN, JULIE Contributor address; City; State; Zip Code FORT WORTH, TX 76110			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	UTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 11/23 Rpt: 14/51	
2	FILER NAME Bojorquez, P	Perla			3	Filer ID (Ethics Commission 00088107	ı Filers)
4	Date 07/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
0	Dringinal acqu	KELLER, TX 76248 pation / Job title (See Instructions)	la la	Employer (See Instructions	-, 		
0	CONSULTA		9	SELF SELF	>)		
	Date 08/31/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	BUYER	, ,		SIEMENS			
	Date 07/20/2024	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$40.00
		FORT WORTH, TX 76137					
	Principal occu ART TEACH	pation / Job title (See Instructions) IER		Employer (See Instructions CARROLL ISD	s)		
	Date 07/16/2024	Full name of contributor out-of-state PA KELLEY, LAURA Contributor address; City; State; Zip Code FORT WORTH, TX 76131)	•	Amount of Contribution (\$)	\$40.00
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions LAURA KELLEY	5)		
	Date 09/12/2024	Full name of contributor out-of-state PALEACH, JAMES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78254	AC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions NOT EMPLOYED	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/23 Rpt: 15/51	
2	FILER NAME Bojorquez, F	erla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 07/22/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_		DALLAS, TX 75202	1-		Ĺ		
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions DALLAS ISD	5)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#: LEEMAN, LAURA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$80.00
	Principal occu	COLLEYVILLE, TX 76034 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		INESS OWNER		SELF SELF	P)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: LEEMAN, LAURA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Dringing agg	COLLEYVILLE, TX 76034	_	Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) INESS OWNER		Employer (See Instructions SELF	s)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#: LEMMOND, BYRON Contributor address; City; State; Zip Code KATY, TX 77449)	•	Amount of Contribution (\$)	\$5.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>I</u> S)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: LEMMOND, BYRON Contributor address; City; State; Zip Code KATY, TX 77449)		Amount of Contribution (\$)	\$5.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 13/23 Rpt: 16/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
4	Date 09/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ LEMMOND, BYRON 6 Contributor address; City; State; Zip Code)	7	O0088107 Amount of Contribution (\$)	\$5.00
_	Dringing	KATY, TX 77449	Consideration			
8	RETIRED	upation / Job title (See Instructions)	9 Employer (See Instructions N/A	5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ LOOK, FRANCES Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	FORT WORTH, TX 76110 upation / Job title (See Instructions)	Employer (See Instructions MEDICARE PLANS	 - s)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ LUCE, BUDDY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	SOUTHLAKE, TX 76092 upation / Job title (See Instructions)	Employer (See Instructions	:) 		
	LAWYER	Apation 7 000 title (Oce motitueions)	SELF SELF	,,		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_LUCE, STEPHEN Contributor address; City; State; Zip Code ARLINGTON, TX 76006			Amount of Contribution (\$)	\$50.00
	Principal occu LAWYER	upation / Job title (See Instructions)	Employer (See Instructions SELF	5)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_LYDICK, DAAWN Contributor address; City; State; Zip Code FORT WORTH, TX 76137			Amount of Contribution (\$)	\$25.00
	Principal occu BOOKSELL	upation / Job title (See Instructions) ER	Employer (See Instructions HALF PRICE BOOKS	s)		

	MONET	ARY POLITICAL CONTRIBUT	1OI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 14/23 Rpt: 17/51	
2	FILER NAME Bojorquez, F	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 07/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	FORT WORTH, TX 76137 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
•	PRODUCT N			T-MOBILE	-,		
	Date 08/12/2024	Full name of contributor out-of-state PAC (I MATCHAM, ADAM Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		FORT WORTH, TX 76137					
	Principal occu PRODUCT N	pation / Job title (See Instructions) MANAGER		Employer (See Instructions T-MOBILE	s)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (IMAYO, MARGARET Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$20.00
		FORT WORTH, TX 76131					
	Principal occu	pation / Job title (See Instructions) TANT		Employer (See Instructions UNISYS	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (I MEZA, TERRY Contributor address; City; State; Zip Code IRVING, TX 75015)	•	Amount of Contribution (\$)	\$50.00
	Principal occu STATE REP	pation / Job title (See Instructions)		Employer (See Instructions STATE OF TEXAS	<u>I</u> S)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (I MONROE, LEESA Contributor address; City; State; Zip Code ARLINGTON, TX 76011	D #:			Amount of Contribution (\$)	\$45.00
	Principal occu RETIRED SI	pation / Job title (See Instructions) UBSTITUTE		Employer (See Instructions ARLINGTON ISD	5)		
				- 155			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE A	1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 15/23 Rpt: 18/51	
2	FILER NAME Bojorquez, F	Perla			3	Filer ID (Ethics Commission Filer 00088107	's)
4	Date 07/15/2024	 Full name of contributor out-of-state PAC (ID#:_MOSELEY, SARAH Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$4	40.00
	Dringing Loggy	FORT WORTH, TX 76137	۱,	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) NDANCE SPECIALIST	9	Employer (See Instructions KRONOS/UKG	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_MURRAY, JENNY Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10	00.00
	Principal occu	PATION / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> s)		
	DENTAL AS			GRAY FAMILY DENTA			
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ NORTHEAST TARRANT DEMOCRATS Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,50	00.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_O'NEILL, JENNIFER Contributor address; City; State; Zip Code FORT WORTH, TX 76244			-	Amount of Contribution (\$)	50.00
	•	pation / Job title (See Instructions) ON TECHNOLOGY		Employer (See Instructions TTI INC	5)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_OTTERMAN, VICKY Contributor address; City; State; Zip Code HURST, TX 76953)	•	Amount of Contribution (\$) \$2	25.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED		Employer (See Instructions NOT EMPLOYED	5)		
			1				

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 16/23 Rpt: 19/51	
2	FILER NAME Bojorquez, F	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/20/2024	OVERTON, DAVID	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
_		AUSTIN, TX 78723	T _a				
8	Principal occu PARTNER	pation / Job title (See Instructions)	9	Employer (See Instructions OPUS FAVEO INNOVA		ON DEVELOPMENT	
	Date 09/26/2024	OVERTON, DAVID Contributor address; City; State; Z)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	PARTNER	,		OPUS FAVEO INNOVA		N DEVELOPMENT	
	Date 09/06/2024	OWENS, BETTY Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	NOT EMPLO	OYED		NOT EMPLOYED			
	Date 09/04/2024	Full name of contributor on POWERS-JAMES, CATHERIN Contributor address; City; State; Z)		Amount of Contribution (\$)	\$10.00
	Principal occu PSYCHOLO	pation / Job title (See Instructions) GIST		Employer (See Instructions MD ANDERSON	<u> </u>		
	Date 08/21/2024	Full name of contributor of PRITCHARD, ADAM Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu DIRECTOR	pation / Job title (See Instructions)		Employer (See Instructions JPS	()		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 20/51	
2	FILER NAME Bojorquez, P	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
0	Dringing age	EDMONDS, WA 98020	۱.	Employer (See Instructions	<u></u>		
0	CONTRACT	pation / Job title (See Instructions) OR	9	Employer (See Instructions SELF	s)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#:_ Prilliman, Angela Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$40.00
	Delicalization	Fort Worth, TX 76107		Faralas and (Carallas American			
	Entrepreneu	pation / Job title (See Instructions) r		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ REAGAN, DONNA Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		NORTH RICHLAND HILLS, TX 76182					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#:_ ROBINSON, JEAN Contributor address; City; State; Zip Code FORT WORTH, TX 76137)	•	Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ROBINSON, JEAN Contributor address; City; State; Zip Code FORT WORTH, TX 76137				Amount of Contribution (\$)	\$20.24
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 21/51	
2	FILER NAME Bojorquez, F	erla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 09/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	FORT WORTH, TX 76137	- 1-	5 1 (0 1 1 1			
8	Principal occu RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	5)		
	Date 07/16/2024	Full name of contributor				Amount of Contribution (\$)	\$40.00
	Deire die alle access	FORT WORTH, TX 76131		Fanda and (Carabantan times	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/02/2024	Full name of contributor out-of-state PAC SCUDDER, KENDALL Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		DALLAS, TX 75214			<u>_</u>		
	BUSINESS (pation / Job title (See Instructions) DWNER		Employer (See Instructions SELF	5)		
	Date 07/18/2024	Full name of contributor out-of-state PAC SMITH, AMANDA Contributor address; City; State; Zip Code FORT WORTH, TX 76177				Amount of Contribution (\$)	\$80.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC SPELL, SUE Contributor address; City; State; Zip Code FORT WORTH, TX 76131				Amount of Contribution (\$)	\$120.00
	•	pation / Job title (See Instructions) PHARMACY TECHNICIAN		Employer (See Instructions ALBERTSONS	5)		
				<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE A	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 19/23 Rpt: 22/51	
2	FILER NAME Bojorquez, P	erla			3	Filer ID (Ethics Commission Fil 00088107	ers)
4	Date 08/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	5	FORT WORTH, TX 76109	_	5 1 (0 1 1 1	<u></u>		
8	NOT EMPLO	•	9	Employer (See Instructions NOT EMPLOYED	5)		
	Date 07/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$40.00
	Principal occu	FORT WORTH, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions) 		
	i illicipal occu	pation / oob title (oce monactions)		Employer (See Instructions	')		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: TEXAS AFL-CIO STATE COPE FUND Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$:	500.00
	Delicalization	AUSTIN, TX 78711		Faralassa (Osas lastassatisas	$\overline{\Gamma}$		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DEMOCRATIC WOMEN Contributor address; City; State; Zip Code AUSTIN, TX 78703				Amount of Contribution (\$) \$1,0	00.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ THORNTON, KEITH Contributor address; City; State; Zip Code FORT WORTH, TX 76137	••••			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions NOT EMPLOYED	5)		
				20.20			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/23 Rpt: 23/51	
2	FILER NAME Bojorquez, P	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 09/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	PLANO, TX 75025	ام	Franks var (Cas kastrustissas			
8	HOME HEAL	pation / Job title (See Instructions) LTH	9	Employer (See Instructions SELF	5)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID: TORRES, RALPH Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	FORT WORTH, TX 76137 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	RETIRED	pation / 300 title (See Instructions)		N/A	P)		
	Date 08/08/2024	Full name of contributor	#:		•	Amount of Contribution (\$)	\$500.00
	Deire sin al acces	FORT WORTH, TX 76137		Fundament (One Instruction			
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID: TORRES, RALPH Contributor address; City; State; Zip Code FORT WORTH, TX 76137				Amount of Contribution (\$)	\$250.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 07/08/2024	Full name of contributor out-of-state PAC (IDa Taylor, Jill Contributor address; City; State; Zip Code Fort Worth, TX 76244			•	Amount of Contribution (\$)	\$10.00
	Principal occu Mortgages	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 24/51	
2	FILER NAME Bojorquez, P	Perla		3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	5	Fort Worth, TX 76244	la = 1	<u></u>		
8	Principal occu Mortgages	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 07/17/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	CONSULTA	NT	RISK CONSULTING PA	٩R٦	TNERS LLC	
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Urbano, Johnny Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Dringing con	Sacramento, CA 95835	Employer (See Instructions	<u> </u>		
	Director of A	pation / Job title (See Instructions) ssessments	Charles R Drew Univers	′		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_WEATHERRED, MAY ANNE Contributor address; City; State; Zip Code FORT WORTH, TX 76244		•	Amount of Contribution (\$)	\$50.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions N/A	5)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_WEATHERRED, MAY ANNE Contributor address; City; State; Zip Code FORT WORTH, TX 76244)	•	Amount of Contribution (\$)	\$50.00
	Principal occu NOT EMPLO	pation / Job title (See Instructions) DYED	Employer (See Instructions N/A	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/23 Rpt: 25/51	
2	FILER NAME Bojorquez, F	Perla		3	Filer ID (Ethics Commission 00088107	Filers)
4	Date 09/22/2024	 Full name of contributor out-of-state PAC (ID#:_ WEATHERRED, MAY ANNE Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	FORT WORTH, TX 76244 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	NOT EMPLO		N/A		Account of Operation (D)	
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ WILKERSON, SUSAN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Dringing aggr	GRAPEVINE, TX 76051	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_WILLIAMS, ELIZABETH Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		ALOMOGORDO, NM 88310				
	Principal occu	pation / Job title (See Instructions) DYED	Employer (See Instructions NOT EMPLOYED	i) 		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ WIMBERG, LAUREL Contributor address; City; State; Zip Code KELLER, TX 76244			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions NOT EMPLOYED	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_WOLF, CAROL Contributor address; City; State; Zip Code FORT WORTH, TX 76244			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 23/23 Rpt: 26/51	
2	FILER NAME Bojorquez, P	Perla			3	Filer ID (Ethics Commission 00088107	n Filers)
4	Date 08/12/2024	 Full name of contributor out-of-state PAC (ID#: WORN, JANET Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$10.00		
8	Principal occu SUBSTITUT	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 07/24/2024	Full name of contributor out-of-state PAC (ID#: WRIGHT, ADAM Contributor address; City; State; Zip Code ARLINGTON, TX 76012)	•	Amount of Contribution (\$)	\$5.00
	Principal occu SELF EMPL	pation / Job title (See Instructions) OYED	Employer (See Instructions SELF	5)			
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#: ZAMHARIRI, DARYOUSH Contributor address; City; State; Zip Code FORT WORTH, TX 76137			Amount of Contribution (\$)	\$100.00	
	Principal occu SALES MAN	pation / Job title (See Instructions)		Employer (See Instructions THRIVE	<u> </u>		
	Date 08/10/2024	Full name of contributor out-of-state PAC (ID#: ZAMHARIRI, DARYOUSH Contributor address; City; State; Zip Code FORT WORTH, TX 76137				Amount of Contribution (\$)	\$100.00
	Principal occu SALES MAN	pation / Job title (See Instructions) IAGER		Employer (See Instructions THRIVE	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#: ZAMHARIRI, DARYOUSH Contributor address; City; State; Zip Code FORT WORTH, TX 76137		•	Amount of Contribution (\$)	\$50.00	
	Principal occu SALES MAN	pation / Job title (See Instructions) IAGER		Employer (See Instructions THRIVE	s)		
			•				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 27/51 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bojorquez, Perla 00088107 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/15/2024 Prilliman, Angela \$1,500.00 CATERING FOOD / 7 Contributor address; City; State; Zip Code DRINKS / EVENT SUPPLIES / FILM SCREENING Fort Worth, TX 76107 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Entrepreneur Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS	SCHEDUL	E В
The Instruction Guide explains how to comple	te this form. 1 Total pages Schedule B: Sch: 1/1 Rpt: 28/51	
2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107	
4 TOTAL OF UNITEMIZED PLEDGES	\$	0.00
6 Full name of pledgor out-of-state PAC (ID#:_ MARTINEZ, JEANETTE	8 Amount of pledge (\$) 9 In-kind descriptio (If applicable)	n
7 Pledgor Address; City; State; Zip Code 09/01/2024	\$500.00	
FORT WORTH, TX 76102	Check if travel outside of Texas. Complete S	Schedule T.
10 Principal occupation / Job title (See Instructions) CITY COUNCILMEMBER	11 Employer (See Instructions) FORT WORTH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/18 Rpt: 29/51	Bojorquez, Perla	00088107
4 Date	5 Payee name	•
08/04/2024	54TH STREET	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$83.90	9251 RAIN LILY TRAIL	
	FORT WORTH 76131 Haiti	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		MEETING WITH GEN Z TEAM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held
Date	Payee name	
09/26/2024	ACTBLUE, LLC	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$401.19	P.O. Box 441146	
	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PROCESSING FEE FOR ONLINE DONATION
		ACCT
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/O		epresentative District 93
Date	Payee name	
08/15/2024	AMAZON	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$53.58	410 TERRY AVE	
400.00		
	SEATTLE, WA 98109	
DUDDOCE		In a second
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		EVENT SUPPLIES
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction Gu	·		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
<u> </u>	Tatalana O. I. I. T.	٦				0 001		-	_	E315	(Fabine Commission =")
1	Total pages Schedule F1: Sch: 2/18 Rpt: 30/51	2	FILER NAME Bojorquez, F	erla					3	Filer ID 00088107	(Ethics Commission Filers)
Ļ		-									
4	Date	5	Payee name								
L	09/13/2024	L	BEST BUY								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$487.11		9581 SAGE	MEADOW TRL							
			EODT WOD	TU TV 76177							
		L	FURT WUR	TH, TX 76177							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overh	ead/Rental Exp	ense			=			plete Schedule T.
								—		officeholder living	
								PROJECTOR PARTIES	(F(OR FILM SO	CREENING & WATCH
L								PARTIES			
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									
H	Date	Г	Payee name								
	08/15/2024		•	7 DEDIA							
		L	BOJORQUE								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	\$300.00		PO BOX 795	503							
			SAGINAW,	ΓX 76179							
_	DUDDOCE	15				1	(h)	Daniel III			
	PURPOSE OF	(a) 		e Categories listed at th		edule)	(a)	Description	nutc:	do of Toyon Com	inlote Schodule T
	EXPENDITURE		Loan Repay	ment/Reimburs	ement			=		officeholder living	plete Schedule T.
								REIMBURSE			, expense
								I VEHAIDOLOSE	· VI L	-: V I	
L	0 1: 0	<u> </u>	0 11 1 10 20				1 :			0	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld
	Superiord to belieff 0/01										
	Date		Payee name								
	07/25/2024		BURGER KI	NG							
	Amount (\$)	H	Payee addres		Stato:	Zip Co	de				
	` '		•	•	Siale,	21p C0	uC				
	\$5.40		6960 BLUE	אוטטואט אט							
			FORT WOR	TH, TX 76131							
	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF	ļ ´	Food/Bevera						outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE			.5\ps.100				Check if Austin,	TX,	officeholder living	g expense
								MEETING / D	RII	NKS	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI					;	J				

SCHEDULE F1

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

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

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

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

sement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sal		iges/	Contract Labor		OTHER (enter a	strict a category not listed abov	re)
		_		The Instruction Gu	ide explains how	to com	ipie	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/18 Rpt: 31/51		Bojorquez, I	Perla						00088107		
4	Date	5	Payee name									
	07/19/2024		CFW									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	n Cod	le					
	\$1.25			CKMORTON								
	Ψ1.20		1000 111110	oranor cross								
			FORT WOR	TH, TX 76102								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule) ((b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				브			nplete Schedule T.	
								PARKING FE		officeholder livin	g expense	
								PARKING FE	/	MEETING		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	e sougl	ht			Office h	eld	
	experialitate to bettern over											
	Date		Payee name									
	08/21/2024		CFW									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$4.00		1000 THRO	CKMORTON								
	,											
			FORT WOE	TU TV 76102								
		<u> </u>		TH, TX 76102								
	PURPOSE OF	(a) 		e Categories listed at th	e top of this schedule) (b)	Description		d4.T O	andata Cabaduda T	
	EXPENDITURE		Travel In Dis	strict						officeholder livin	nplete Schedule T.	
								PARKING FE		omeoneider avan	g expense	
									_			
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Office	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI		Januluale/Oni	centituel name	Office	- sougi	111			Office II	eiu	
		_										
	Date		Payee name									
	09/04/2024		CFW									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$10.00		1000 THRO	CKMORTON								
			FORT WOF	TH, TX 76102								
	PURPOSE	(a)				. [h)	Description				
	OF	۱۳۶	Travel In Dis	e Categories listed at th	e top of this schedule) [, D)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Havel III Di	Strict				닏		officeholder livin		
								PARKING FE	Έ			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e sougl	ht			Office h	eld	
	expenditure to benefit C/OI				20	9	-					

SCHEDULE F1

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

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 32/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	09/05/2024	CFW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	1000 THROCKMORTON
		FORT WORTH, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PARKING FEE
		PARRING FEE
Ļ	Operation ONLY & Street	Occasional Office had been assessed to the control of the control
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	<u> </u>	
	Date	Payee name
	07/25/2024	CHIPOTLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.59	2901 HERITAGE TRACE PARKWAY
		FORT WORTH, TX 76177
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense LUNCH MEETING
		LONGITMEETING
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	08/18/2024	CHIPOTLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2901 HERITAGE TRACE PARKWAY
		FORT WORTH, TX 76177
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		COMMUNITY FYENT (2 CIFT CARRS)
		COMMUNITY EVENT (2 GIFT CARDS)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash	•	
L		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials Indicated Contributions/ Contributi

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Conter a category net listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 33/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	07/18/2024	COSTCO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.25	8902 TEHAMA RIDGE
		FORT WORTH, TX 76131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FUNDRAISER EVENT DRINKS
		TONDIO NOEN EVENT BINING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/03/2024	COSTCO
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.87	8902 TEHAMA RIDGE
L		FORT WORTH, TX 76131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DRINKS FOR COMMUNITY EVENT
		Brander or commontri Every
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dougo nama
	09/10/2024	Payee name COSTCO
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$205.60	8902 TEHAMA RIDGE
		FORT WORTH, TX 76131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TABLES & CHAIRS FOR EVENT
		17.DEEG & GIP, WING FOR EVENT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction G	s Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis	
_	Tatal same Calcadala E4	٠.			dide explains i	now to com	piete tina torini.	1_	Ell ID	(Ethias Commission Filess)
1	Total pages Schedule F1: Sch: 6/18 Rpt: 34/51	l	-ILER NAME Bojorquez, F					3	Filer ID 00088107	(Ethics Commission Filers)
4	Date	5 [Payee name					_		
	09/22/2024	ı	DO GOOD I	BOOKS						
6	Amount (\$) \$58.43	-	Payee addres 1955 BROA SUITE 600 DAKLAND,	DWAY	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT / EDUCATION (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BOOKS FOR CAMPAIGN RESEARCH							g expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	С	Office sough	ht		Office h	eld
	Date	F	Payee name							
	07/22/2024	[DUPRE, DIA	ANA						
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Cod	e			
	\$600.00		L211 S MAII KELLER, TX							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GLASS ART TEACHER / FUNDRAISING EV					g expense				
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	C	Office sough	nt		Office h	eld
	Date 09/04/2024	l	Payee name EDWARDS	& PATTERSO	N SIGNS					
	Amount (\$) \$840.13	2	Payee addres 203 S BELT	LINE RD	State;	Zip Cod	e			
L		L '	RVING, TX	75060						
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising	e Categories listed at Expense	the top of this sche	edule) (<u> </u>	, TX	ide of Texas. Com , officeholder livinດຸ	plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	C	Office sough	ht		Office he	eld
	rms provided by Toyas F	±la:	Carrie		anna athice e	1015 to				Version V/ 1 0 49daE1f7

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 35/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	07/31/2024	EECU
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.26	PO BOX 1777
		FORT WORTH, TX 76101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		ORDERED CAMPAIGN CHECKS
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/20/2024	ELEVATE DREAMS LLC EVENTS AND CATERING
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1211 MAIN ST
		FORT WORTH, TX 76422
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CATERING / FOOD FOR EVENT / FUNDRAISER
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	08/12/2024	FEDEX OFFICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.75	9604 N RIVERSIDE DR
		STE 104
		FORT WORTH, TX 76244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEDEX ENVELOPE
		TEDEX ENVELORE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
l		

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
-	Total nagga Cabadula 51:	12			,				_	Filor ID	(Ethios Commissis	n Filoro\
1	Total pages Schedule F1:	_							3	Filer ID	(Ethics Commission	ni File(S)
L	Sch: 8/18 Rpt: 36/51	L	Bojorquez, F	eria						00088107		
4	Date	5	Payee name									
	08/29/2024		FLIPS PATIO	O GRILL								
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de					
ľ	\$23.40	ľ	6613 FOSSI	-	Otato,	Zip 00	uc					
	φ23.40		0013 FO331	L BLUFF								
			FORT WOR	TH, TX 76137								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF		Food/Bevera			,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			5 1				Check if Austin,	, TX,	officeholder living	expense	
								MEETING				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
\vdash	Data	Г	Davis a									
	Date		Payee name	DCON.								
	09/19/2024		FLOYD, HU	OSON								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$120.00		1012 PINNA	CLE BREEZE	DR							
			FORT WOR	TH, TX 76131								
	DUDDOGE	(-)					(I-)					
	PURPOSE OF	(a)		e Categories listed at th		edule)	(D)	Description		d4.T O	alata Cabadula T	
	EXPENDITURE		Salaries/Wa	ges/Contract La	abor			=		de of Texas. Com officeholder living		
								EVENT VOLU			Схренос	
								LVLIVI VOL	J 1 4	· LLIX		
	0 1: 0 1: 0	<u></u>	2 11 1 10 11							0,1,1		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolaer name	C	Office sou	ynt			Office he	eiu	
L												
	Date		Payee name							-		
	09/03/2024		HOLY FRIJO	DLE								
	Amount (\$)	H	Payee addres	s; City;	State:	Zip Co	de					
	\$20.00	1	580 W Arapa	•	2.0.0,	.p 00	-					
	Ψ20.00		555 W / Hapt									
L		L	RICHARDS	ON, TX 75080								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	ige Expense						de of Texas. Com		
	-/ LINDITONE	1						_		officeholder living		
								LABOR DAY	E۷	'ENTFOOD	& DRINKS	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 37/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	09/11/2024	JERSEY MIKE'S SUBS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.87	9937 BLUE MOUND RD
		FORT WORTH, TX 76131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MEETING
		WILLTHVO
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	09/10/2024	LAWSON, ZADEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1641 W NORTHWEST HWY
		GRAPEVINE, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ENTERTAINMENT DEPOSIT
		ENTERTAINMENT DEI GSTT
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	LAWSON, ZADEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1641 W NORTHWEST HWY
		GRAPEVINE, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		EVENT ENTERTAINMENT
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 38/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	07/12/2024	MARIA'S
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.82	1712 S UNIVERSITY
		FORT WORTH, TX 76131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense MEETING WITH LATINAS FOR HARRIS
		WEETING WITH LATINAS FOR HARRIS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	the state of the s
⊨	Date	Payso nama
	08/05/2024	Payee name MARQUEZ, MARY
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3702 SW 147TH
		OCALA, FL 34473
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Chaptics for Events Wereste Campaign
		GRAPHICS FOR EVENTS, WEBSITE, CAMPAIGN
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	09/23/2024	Payee name MARQUEZ, MARY
L		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3702 SW 147TH
		OCALA, FL 34473
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN GRAPHICS, WEBSITE, SOCIAL MEDIA
		CAMPAIGN GRAPHICS, WEBSITE, SOCIAL MEDIA
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 39/51	Bojorquez, Perla		00088107
4	Date	5 Payee name		·
	08/12/2024	MI COCINA		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$45.76	9369 RAIN LILY TRAIL		
		FORT WORTH, TX 76177		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense MEETING WITH CHICAGO LATINA MAGAZINE
				WEETING WITH GING/NGC EXTINATION CONCEINE
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
	expenditure to benefit C/O		9	000
	Date	Payee name		
	09/19/2024	MPARCS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$21.00	1600 E RANDOL MILL DR	uc	
	Ψ21.00	1000 E IV WAD OF WILL DIX		
		ARLINGTON, TX 76011		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in District		Check if Austin, TX, officeholder living expense
				PARKING FEE
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/61	'		
	Date	Payee name		
	08/04/2024	NELSON, KEYERA		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$150.00	9200 REESE AVE		
		FORT WORTH, TX 76177		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense EVENT VOLUNTEER
				ZVERT VOLONIZER
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	•	g	555 Note
_				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Gu	Salar		OTHER (enter a category not listed above)			
_	T-t-1 O-b1-1- E1.	<u> </u>						1_	Eil ID	(Ethica Campaignian Filana)
1	Total pages Schedule F1:	-						3	Filer ID	(Ethics Commission Filers)
	Sch: 12/18 Rpt: 40/51		Bojorquez, F	Perla					00088107	
4	Date	5	Payee name							
	08/28/2024			XAS COMMISSI	ON					
_	Amount (ft)	-	Dayso addrag	City:	State; Zip	Codo				
6	Amount (\$)	7	Payee addres	•		Coue	•			
	\$225.00			PORT PARKWA	ΛΥ					
			STE 640							
			IRVING, TX	75063						
8	PURPOSE	(a)	Category (sc	e Categories listed at th	o top of this schodulo)	(b) Description			
	OF	l`´	Event Exper		e top of this schedule)	- [`		outs	ide of Texas. Con	nplete Schedule T.
	EXPENDITURE		Evont Expo	.00			Check if Austin	n, TX	, officeholder livin	g expense
							ANNUAL LU	NC	HEON	
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	t		Office h	eld
	expenditure to benefit C/O	H								
	Date		Payee name							
	08/11/2024		NOTION LA	BS, INC						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	<u> </u>			
	\$76.76		2300 HARR	•						
	Ψ10.10		2000 117 (111	1001101						
			SAN FRANC	CISCO, CA 9411	LO					
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) Description			
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		=			nplete Schedule T.
							ш		, officeholder livin	
							CAMPAIGN	HQ	(2 MONTH	S)
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld
	expenditure to benefit C/O	Н								
	Date		Payee name							
	08/08/2024		PALIO'S CA	\FE						
	Amount (\$)	H	Payee addres		State; Zip	Codo				
	` '		•	-	•	Coue	•			
	\$22.47		30/3 WEST	ERN CENTER I	BLVD					
			FORT WOR	TH, TX 76137						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) Description			
	OF EXPENDITURE		Food/Bevera	age Expense			ш			nplete Schedule T.
	LAFENDITORE						—		, officeholder livin	g expense
							DEM MEETII	NG		
L		L						_		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld
	expenditure to benefit C/O	H								
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 41/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	07/12/2024	RED AERO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.10	900 N BLUE MOUND RD
		SAGINAW, TX 76131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COPIES: COLOR & B&W BLOCK WALKING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	08/08/2024	RED AERO
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$16.26	900 N BLUE MOUND RD
		SAGINAW, TX 76131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PRIORITY MAIL
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/28/2024	REILLY ECHOLS PRINTING, INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.52	1710 S HARWOOD
		DALLAS, TX 75215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN POSTCARDS
		CAIVII AIGIN I COTOAICES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		· · · · · · · · · · · · · · · · · · ·	4
1	Total pages Schedule F1:		
	Sch: 14/18 Rpt: 42/51	Bojorquez, Perla 00088107	_
4	Date	5 Payee name	
	08/09/2024	REILLY ECHOLS PRINTING, INC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$327.19	1710 S HARWOOD	
		DALLAS, TX 75215	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Τ
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		CAMPAIGN FLYERS	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
	Date	Payee name	
	07/19/2024	SONS OF LIBERTY COFFEE, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.31	250 LANCASTER AVE	
		FORT WORTH, TX 76102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense MEETING WITH COUNCILMEMBER	
		WILETING WITH COUNCILWEWIDER	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/O		
-	Date	Payee name	=
	08/18/2024	STARBUCKS	
<u> </u>			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	7052 BLUEMOUND RD	
		FORT WORTH, TX 76131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense COMMUNITY EVENT (2 GIFT CARDS)	
		COMMONTT EVENT (2 GIFT CARDS)	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/O		
			-

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 File	r ID	(Ethics Commission Filers)
	Sch: 15/18 Rpt: 43/51	Bojorquez, Perla		000	088107	
4	Date	5 Payee name		'		
	07/12/2024	SUITES OF KELLER				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$530.43	1211 S MAIN ST				
		KELLER, TX 76248				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expense		Check if travel outside of		
	EXI ENDITORE			Check if Austin, TX, office		
				FUNDRAISER EVE	INT CEN	TER RENTAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	ald.
3	expenditure to benefit C/Ol		igiit		Office fie	siu .
-	Date	Device years				
	07/10/2024	Payee name TARGET				
	Amount (\$)	Payee address; City; State; Zip Co	nde			
	\$203.99	8917 TEHAMA RIDGE PARKWAY	Jue			
	Ψ203.33	0317 TEHAWA NIDOET ANNWAT				
		FORT WORTH, TX 76131				
	PURPOSE		(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)	Description Check if travel outside of	Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overflead/Refital Expense		Check if Austin, TX, office		
						PS / BLOCKWALKING /
				EVENT EXPENSES	·	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight		Office he	eld
	expenditure to benefit C/Ol	<u> </u>				
	Date	Payee name				
	09/24/2024	TARGET				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$86.73	8917 TEHAMA RIDGE PARKWAY				
		FORT WORTH, TX 76131				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of		
				Check if Austin, TX, office OFFICE SUPPLIES		
				OFFICE SOFFEES	, LADEL	S, TAIL
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Ight		Office he	hld
	expenditure to benefit C/Ol		.g. it		Jinoc ne	nu .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memorials E egal Services The Instruction Gui	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
-	Total pages Cabadula 54:	12					,,		12	Filor ID	(Ethios Commission File	rc)
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission File	15)
	Sch: 16/18 Rpt: 44/51		Bojorquez, P	eria 						00088107		
4	Date	5	Payee name									
	09/03/2024		TEXAS TAP	CO								
6	Amount (\$)	7	Payee address	s; City;	State:	Zip Coo	de					
	\$15.00	l	1955 BROAD	•		,						
	+ 25.00	l	SUITE 600									
		l		NA 04C12								
		_	OAKLAND, (A 94012								
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	ge Expense				=			plete Schedule T.	
								LABOR DAY		officeholder living		
								LABUK DAY	ĽV	LIVI FOOD	CANIIAO	
Ļ												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	0	ffice souç	ght			Office he	eld	
L												
	Date		Payee name									
	09/22/2024		THE HOME	DEPOT								
	Amount (\$)	T	Payee address	s; City;	State;	Zip Cod	de					
	\$160.81		7100 N FRW	-	·	-						
	,											
			EODT WOR	TU TV 76127								
		_		TH, TX 76137		Т						
	PURPOSE OF			Categories listed at the	top of this sche	edule)	(b)	Description	a	do of Tours O	ploto Cobodulo T	
	EXPENDITURE		Advertising E	xpense				-		de of Texas. Com officeholder living	plete Schedule T.	
								T-POSTS FO				
									1	.57.12 01011		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Office	sholder name		office sour	thr			Office he		
	expenditure to benefit C/O		a iuiuale/OIIIC	enoluei name	U	ffice souç	yııı			Office He	ziu	
L												
	Date		Payee name									
	09/06/2024		TOMMY'S									
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	de					
	\$23.38		2455 FORES	T PARK BLVD								
			FORT WORT	TH, TX 76110								
_	PURPOSE					1	(h)	Dogorintian				
	OF			Categories listed at the	top of this sche	edule)	(n)	Description Check if travel	Outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Food/Bevera	ye ⊏xpense				브		officeholder living		
								MEETING			•	
	Complete ONLY if direct		Candidate/Office	eholder name	Ω	ffice soug	aht			Office he	eld	
	expenditure to benefit C/O				O		٠٠			211100 110		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 45/51	Bojorquez, Perla 00088107
4	Date	5 Payee name
	09/04/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.10	PO BOX 79503
		SAGINAW, TX 76179
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		POSTAGE EXPENSE
		1 301/162 2/4 21/62
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	09/25/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.80	PO BOX 79503
		SAGINAW, TX 76179
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN POSTAGE
		GAWATA GOTA GE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	09/25/2024	WALMART
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.60	1401 N SAGINAW BLVD
		SAGINAW, TX 76179
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		PRINTER INK REFILLS FOR MAILERS
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage I Gift/Awards/Men Legal Services The Instruction	Expense norials Expense on Guide explains		xpense /ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		above)
1	Total pages Schedule F1: Sch: 18/18 Rpt: 46/51	2	FILER NAM Bojorquez,						3	Filer ID 00088107	(Ethics Commi	ssion Filers)
	Date 08/11/2024	5	Payee name						<u> </u>	-		
6	Amount (\$) \$33.96	7	Payee addre 55 ALMAD SAN JOSE		Stat	e; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)		Gee Categories liste rhead/Renta	ed at the top of this so	chedule)			n, TX,	de of Texas. Com officeholder living (2 MONTHS	expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Н	Candidate/Of	ficeholder nan	ne	Office sou	ght			Office he	eld	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)						
Sch: 1/4 Rpt: 47/51	Bojorquez, Perla				00088107						
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED							
ISSUER	CAPITA	AL ONE		DITURES ED TO A CREDIT	 \$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$10.00	08/21/2024	09/06/202	24							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	RED AERO		JE MOUND RD								
				/, TX 76131							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		0471011 505	DIOLEAL					
X Political	Advertising Expense	o. v.iio 30.1000io,	CAMPAIG		CATION FOR DIGITAL						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held						
expenditure to benefit C/OH	BOJORQUEZ, PERL	_A Stat		ative District 93							
PAYMENT	(a) Amount Charged	(b) Date of Charge	. , . , ,	Credit Card Issuer	Paid						
	\$32.45	08/26/2024	09/06/202	24							
PAYEE	(b) Payee a	ddress;	City,	State,	Zip Code						
	PALIO'S CAFE		3673 WES	STERN CENTER	R BLVD						
			FORT WO	ORTH, TX 76137	7						
PURPOSE OF	(a) Category	of their colored de	(b) Description								
EXPENDITURE	(See Categories listed at the top Event Expense	or this schedule)	TEAM MEETING								
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		e sought		Office held						
expenditure to benefit C/OH	BOJORQUEZ, PERL			ative District 93							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/16/202	Credit Card Issuer	Paid						
	\$1,533.96	07/02/2024	00/10/202								
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
		FEDCON	203 S BEI	_TLINE RD							
	EDWARDS & PATT	I ERSON									
			IRVING, TX 75060								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
l <u> </u>	Advertising Expense	- · · ···,	CAMPAIG	IN YARDSIGNS							
X Political											
Non-Political	(*) –	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder		e sought	ativa District CC	Office held						
expenditure to benefit C/OH	BOJORQUEZ, PERL	-A Stat	e Represent	ative District 93							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethics Commission Filers)					
Sch: 2/4 Rpt: 48/51	Bojorquez, Perla			00088107							
4 CREDIT CARD ISSUER		ncial institution revious		EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s)	Credit Card Issuer	Paid					
	\$6.17	07/15/2024		08/16/202	4						
7 PAYEE	(a) Payee name	•		(b) Payee a	ddress;	City,	State,	Zip Code			
	DONUT KING	9701 HARMON RD 105 FORT WORTH, TX 76177									
8 PURPOSE OF	(a) Category			(b) Descript	on						
EXPENDITURE X Political	(See Categories listed at the top Event Expense	(See Categories listed at the top of this schedule) Event Expense BLOCKWALKING SNACK									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedu	ıle T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name	Office	sought		Office held					
expenditure to benefit C/OH	BOJORQUEZ, PERI	_A	State	Represent	ative District 93						
PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer	Paid					
	\$36.24	07/20/2024		08/16/202	4						
PAYEE (a) Payee name				(b) Payee a	ddress;	City,	State,	Zip Code			
	RAISING CANES			8801 N FREEWAY							
				FORT WC	RTH, TX 76177	7					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)		(b) Description DRINKS FOR EVENT/ FUNDRAISER							
X Political	·										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedu	ıle T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder		Office	ice sought Office held							
expenditure to benefit C/OH	BOJORQUEZ, PERI	_A	State	Represent	ative District 93						
PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issuer	Paid					
	\$164.70	08/06/2024		08/26/202	4						
PAYEE	(a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code			
	NOBYANINO			655 15TH	STREET NW						
	NGP VAN INC			SUITE 650)						
				WASHINGTON, DC 20005							
PURPOSE OF	(a) Category			(b) Descript							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•			: - MONTHLY S	CHEDULER &	EVENTS	3			
X Political				ORGANIZER							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedu	ıle T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder			sought		Office held					
expenditure to benefit C/OH	BOJORQUEZ, PERI	_A	State	Represent	ative District 93						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 3/4 Rpt: 49/51	Bojorquez, Perla			00088107		
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		
	\$1,320.65	08/07/2024	09/06/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	EDWARDS & PATTERSON		203 S BELTLINE RD			
			IRVING, TX 75060			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
X Political	Advertising Expense	or this somedate)	CAMPAIGN SHIRTS AND SIGNS			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH	BOJORQUEZ, PERI	_A Stat	e Representative District 93			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 09/06/2024	Paid		
	\$159.90	09/02/2024	09/06/2024			
PAYEE	(a) Payee name NGP VAN INC		(b) Payee address;	City, State, Zip Code		
			655 15TH STREET NW SUITE 650 WASHINGTON, DC 20005			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		MOBILIZE - MONTHLY SCHEDULER & EVENTS			
X Political	Onice Overneau/Nem	lai Experise	ORGANIZER	ORGANIZER		
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		e sought Office held			
expenditure to benefit C/OH	BOJORQUEZ, PERI	_A Stat	e Representative District 93			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$57.97	07/15/2024	08/16/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	RED AERO		900 N BLUE MOUND RD			
			SAGINAW, TX 76131			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description COLOR & B&W COPIES FOR BLOCK WALKING EVENT			
EXPENDITURE						
X Political	. Thing Expense					
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 BOJORQUEZ, PERLA State Representative District 93						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Bever Gift/Awards I Committee Legal Servi	age Expense F /Memorials Expense F	onice Overnead/Rental Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel out of District OTHER (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: 4/4 Rpt: 50/51	Bojorquez, Perla			00088107				
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	 \$				
6 PAYMENT	(a) Amount Charged \$930.00	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Iss	uer Paid				
7 PAYEE	(a) Payee name META FOR BUSINI	ESS	(b) Payee address; 1 META WAY	City, State, Zip Code				
	(-) O-t		MENLO PARK, CA 940	125				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Advertising Expense	of this schedule)	(b) Description META PLATFORM - DIGITAL CAMPAIGN ADS					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held				
expenditure to benefit C/OH	BOJORQUEZ, PERL	.A Sta	ate Representative District 9	93				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 51/51 Bojorquez, Perla 00088107 Date Payee name 09/15/2024 **MAILCHIMP** Amount (\$) Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE \$55.44 #5000 Reimbursement from political contributions intended ATLANTA, GA 30308 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** CAMPAIGN EMAIL SERVICES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2024 **USPS** Amount (\$) Payee address; City; State; Zip Code \$64.00 PO BOX 79503 Reimbursement from political contributions SAGINAW, TX 76179 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** PO BOX FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH