

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bojorquez, Perla **14 Filer ID** (Ethics Commission Filers)
00088107

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,500.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	12,264.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,999.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	829.78

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Perla Bojorquez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Bojorquez, Perla		19 Filer ID 00088107	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	12,000.24
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	500.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,892.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	4,252.04
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	119.44
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AYALA, JOSE <hr/> 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) PROFESSOR		9 Employer (See Instructions) UTA
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALL, SABRINA <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARROWS, CYNTHIA <hr/> Contributor address; City; State; Zip Code IRVING, TX 75061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUER, MARK <hr/> Contributor address; City; State; Zip Code HASLET, TX 76052	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) AEROSPACE CONSULTANT		Employer (See Instructions) SELF
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEAUMONT, FRANCESCA <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONILLA, EVA <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76107	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOROFSKY, GARY <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWERS, ANNA <hr/> Contributor address; City; State; Zip Code BURLESON, TX 76028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) THR THFW
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, ROY <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76132	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNAM, LON <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALABRESE, GLENN <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76111	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALABRESE, GLENN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALABRESE, GLENN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALABRESE, GLENN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76111	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, RANDY <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRILLO, SALVADOR <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76111	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) TAX ACCOUNTING		9 Employer (See Instructions) STF SERVICES
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASE, AARON <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) CED
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHISOLM, PATRICIA <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTY, JOHN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) PRESSMAN		Employer (See Instructions) USBEP
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHITTY, JOHN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) PRESSMAN		Employer (See Instructions) USBEP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, BRENDA <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78757	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) KELLY HART & HALLMAN
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> 6 Contributor address; City; State; Zip Code KELLER, TX 76244	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COY, JERRY <hr/> Contributor address; City; State; Zip Code COLUMBUS, TX 78934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTS, JOANNA <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76109	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUSTER RAMSEY, AMY <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76109	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUTLER, SHARI	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76182	
8 Principal occupation / Job title (See Instructions) IT SE		9 Employer (See Instructions) PURE STORAGE
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIELS, JACQUES	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76131	
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) SELF
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, DIXIE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, SYLVIA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code KELLER, TX 76244	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMERCURIO, MALINDA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code HIGHLAND, NY 12528	
Principal occupation / Job title (See Instructions) ACUPUNCTURIST		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELY, STEVE <hr/> 6 Contributor address; City; State; Zip Code AMARILLO, TX 79109	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) LIBRARIAN		9 Employer (See Instructions) SELF
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPLER, SAM <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) DALLAS ISD
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERICKSON, JENNIFER <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) COMMUNICATION		Employer (See Instructions) TEXAS HEALTH RESOURCES
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOWLER, ROBERT <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78758	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RESTAURANT EMPLOYEE		Employer (See Instructions) HOME SLICE PIZZA
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Joyce <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, LYSSETTE	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78729	
8 Principal occupation / Job title (See Instructions) PUBLIC POLICY DIRECTOR		9 Employer (See Instructions) NAMI TEXAS
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, DOMINGO	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code DALLAS, TX 75247	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICES OF DOMINGO GARCIA
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAY, FREDERICK	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76244	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) LOCKHEED MARTIN
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAYDEN, CRYSTAL	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76120	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODLEY, MICHAEL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code NORRISTOWN, PA 19403	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOODE, TRISHA <hr/> 6 Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOODWIN, VIKKI <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, TAG <hr/> Contributor address; City; State; Zip Code HASLET, TX 76052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TERRITORY MANAGER		Employer (See Instructions) NATIONAL TUBE SUPPLY CO.
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, TAG <hr/> Contributor address; City; State; Zip Code HASLET, TX 76052	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) TERRITORY MANAGER		Employer (See Instructions) NATIONAL TUBE SUPPLY CO.
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, JULIE <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDIN, SHANE <hr/> 6 Contributor address; City; State; Zip Code KELLER, TX 76248	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEITING, HEATHER <hr/> Contributor address; City; State; Zip Code RICHARDSON, TX 75080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BUYER		Employer (See Instructions) SIEMENS
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDDLE, DENISE <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ART TEACHER		Employer (See Instructions) CARROLL ISD
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY, LAURA <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) LAURA KELLEY
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEACH, JAMES <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, CHRIS <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75202	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) DALLAS ISD
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEEMAN, LAURA <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		Employer (See Instructions) SELF
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEEMAN, LAURA <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		Employer (See Instructions) SELF
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMMOND, BYRON <hr/> Contributor address; City; State; Zip Code KATY, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMMOND, BYRON <hr/> Contributor address; City; State; Zip Code KATY, TX 77449	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMMOND, BYRON <hr/> 6 Contributor address; City; State; Zip Code KATY, TX 77449	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOOK, FRANCES <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76110	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) MEDICARE PLANS
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCE, BUDDY <hr/> Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCE, STEPHEN <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYDICK, DAAWN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BOOKSELLER		Employer (See Instructions) HALF PRICE BOOKS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATCHAM, ADAM	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code FORT WORTH, TX 76137		
8 Principal occupation / Job title (See Instructions) PRODUCT MANAGER		9 Employer (See Instructions) T-MOBILE
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATCHAM, ADAM	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76137		
Principal occupation / Job title (See Instructions) PRODUCT MANAGER		Employer (See Instructions) T-MOBILE
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYO, MARGARET	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76131		
Principal occupation / Job title (See Instructions) IT CONSULTANT		Employer (See Instructions) UNISYS
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEZA, TERRY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code IRVING, TX 75015		
Principal occupation / Job title (See Instructions) STATE REP		Employer (See Instructions) STATE OF TEXAS
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONROE, LEESA	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code ARLINGTON, TX 76011		
Principal occupation / Job title (See Instructions) RETIRED SUBSTITUTE		Employer (See Instructions) ARLINGTON ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSELEY, SARAH <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76137	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) TIME/ATTENDANCE SPECIALIST		9 Employer (See Instructions) KRONOS/UKG
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURRAY, JENNY <hr/> Contributor address; City; State; Zip Code ROANOKE, TX 76262	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DENTAL ASSISTANT		Employer (See Instructions) GRAY FAMILY DENTAL
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTHEAST TARRANT DEMOCRATS <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'NEILL, JENNIFER <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76244	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) INFORMATION TECHNOLOGY		Employer (See Instructions) TTI INC
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTTERMAN, VICKY <hr/> Contributor address; City; State; Zip Code HURST, TX 76953	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OVERTON, DAVID <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78723	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions) OPUS FAVEO INNOVATION DEVELOPMENT
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OVERTON, DAVID <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78723	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) OPUS FAVEO INNOVATION DEVELOPMENT
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, BETTY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWERS-JAMES, CATHERINE <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PSYCHOLOGIST		Employer (See Instructions) MD ANDERSON
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRITCHARD, ADAM <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76244	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) JPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PULFER, ROSS <hr/> 6 Contributor address; City; State; Zip Code EDMONDS, WA 98020	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) CONTRACTOR		9 Employer (See Instructions) SELF
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prilliman, Angela <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REAGAN, DONNA <hr/> Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76182	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, JEAN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NA
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, JEAN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, JEAN <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIDT, LEAH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCUDDER, KENDALL <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75214	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, AMANDA <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76177	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPELL, SUE <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) CERTIFIED PHARMACY TECHNICIAN		Employer (See Instructions) ALBERTSONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STELLJES, LAURIE <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STORMER, CINDY <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76107	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AFL-CIO STATE COPE FUND <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEMOCRATIC WOMEN <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORNTON, KEITH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIJERNA, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) HOME HEALTH		9 Employer (See Instructions) SELF
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, RALPH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, RALPH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, RALPH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jill <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mortgages		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jill	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions) Mortgages		9 Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UHL, SCOTT	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) RISK CONSULTING PARTNERS LLC
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbano, Johnny	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sacramento, CA 95835		
Principal occupation / Job title (See Instructions) Director of Assessments		Employer (See Instructions) Charles R Drew University
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEATHERRED, MAY ANNE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76244		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) N/A
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEATHERRED, MAY ANNE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76244		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEATHERRED, MAY ANNE <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76244	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) N/A
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILKERSON, SUSAN <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, ELIZABETH <hr/> Contributor address; City; State; Zip Code ALOMOGORDO, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIMBERG, LAUREL <hr/> Contributor address; City; State; Zip Code KELLER, TX 76244	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, CAROL <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/51
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORN, JANET <hr/> 6 Contributor address; City; State; Zip Code KELLER, TX 76244	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SUBSTITUTE		9 Employer (See Instructions) KELLER ISD
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, ADAM <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 76012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMHARIRI, DARYOUSH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) THRIVE
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMHARIRI, DARYOUSH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) THRIVE
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMHARIRI, DARYOUSH <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) THRIVE

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 27/51	
2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 00088107	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prilliman, Angela	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description CATERING FOOD / DRINKS / EVENT SUPPLIES / FILM SCREENING
	7 Contributor address; City; State; Zip Code Fort Worth, TX 76107	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Entrepreneur		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete 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	
5 Date 09/01/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, JEANETTE 7 Pledgor Address; City; State; Zip Code FORT WORTH, TX 76102	8 Amount of pledge (\$) \$500.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) CITY COUNCILMEMBER		11 Employer (See Instructions) FORT WORTH	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/18 Rpt: 29/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/04/2024	5 Payee name 54TH STREET	
6 Amount (\$) \$83.90	7 Payee address; City; State; Zip Code 9251 RAIN LILY TRAIL FORT WORTH 76131 Haiti	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING WITH GEN Z TEAM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 09/26/2024	Payee name ACTBLUE, LLC	
Amount (\$) \$401.19	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE FOR ONLINE DONATION ACCT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 08/15/2024	Payee name AMAZON	
Amount (\$) \$53.58	Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/18 Rpt: 30/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/13/2024	5 Payee name BEST BUY	
6 Amount (\$) \$487.11	7 Payee address; City; State; Zip Code 9581 SAGE MEADOW TRL FORT WORTH, TX 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROJECTOR FOR FILM SCREENING & WATCH PARTIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name BOJORQUEZ, PERLA	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO BOX 79503 SAGINAW, TX 76179	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name BURGER KING	
Amount (\$) \$5.40	Payee address; City; State; Zip Code 6960 BLUE MOUND RD FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING / DRINKS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/18 Rpt: 31/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/19/2024	5 Payee name CFW	
6 Amount (\$) \$1.25	7 Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING FEE / MEETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name CFW	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name CFW	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 32/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/05/2024	5 Payee name CFW	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name CHIPOTLE	
Amount (\$) \$13.59	Payee address; City; State; Zip Code 2901 HERITAGE TRACE PARKWAY FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LUNCH MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2024	Payee name CHIPOTLE	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2901 HERITAGE TRACE PARKWAY FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY EVENT (2 GIFT CARDS)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/18 Rpt: 33/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 07/18/2024	5 Payee name COSTCO	
6 Amount (\$) \$56.25	7 Payee address; City; State; Zip Code 8902 TEHAMA RIDGE FORT WORTH, TX 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER EVENT DRINKS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2024	Payee name COSTCO	
Amount (\$) \$31.87	Payee address; City; State; Zip Code 8902 TEHAMA RIDGE FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DRINKS FOR COMMUNITY EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name COSTCO	
Amount (\$) \$205.60	Payee address; City; State; Zip Code 8902 TEHAMA RIDGE FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TABLES & CHAIRS FOR EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/18 Rpt: 34/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/22/2024	5 Payee name DO GOOD BOOKS	
6 Amount (\$) \$58.43	7 Payee address; City; State; Zip Code 1955 BROADWAY SUITE 600 OAKLAND, CA 94612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT / EDUCATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BOOKS FOR CAMPAIGN RESEARCH
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name DUPRE, DIANA	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 1211 S MAIN KELLER, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GLASS ART TEACHER / FUNDRAISING EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name EDWARDS & PATTERSON SIGNS	
Amount (\$) \$840.13	Payee address; City; State; Zip Code 203 S BELTLINE RD IRVING, TX 75060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ROAD SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 35/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 07/31/2024	5 Payee name EECU
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6 Amount (\$) \$51.26	7 Payee address; City; State; Zip Code PO BOX 1777 FORT WORTH, TX 76101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ORDERED CAMPAIGN CHECKS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/20/2024	Payee name ELEVATE DREAMS LLC EVENTS AND CATERING
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 1211 MAIN ST FORT WORTH, TX 76422
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CATERING / FOOD FOR EVENT / FUNDRAISER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name FEDEX OFFICE
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Amount (\$) \$9.75	Payee address; City; State; Zip Code 9604 N RIVERSIDE DR STE 104 FORT WORTH, TX 76244
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEDEX ENVELOPE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/18 Rpt: 36/51	2	FILER NAME Bojorquez, Perla	3	Filer ID (Ethics Commission Filers) 00088107	
4	Date 08/29/2024	5	Payee name FLIPS PATIO GRILL			
6	Amount (\$) \$23.40	7	Payee address; City; State; Zip Code 6613 FOSSIL BLUFF FORT WORTH, TX 76137			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/19/2024		Payee name FLOYD, HUDSON			
	Amount (\$) \$120.00		Payee address; City; State; Zip Code 1012 PINNACLE BREEZE DR FORT WORTH, TX 76131			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT VOLUNTEER			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/03/2024		Payee name HOLY FRIJOLE			
	Amount (\$) \$20.00		Payee address; City; State; Zip Code 580 W Arapaho Rd #442 RICHARDSON, TX 75080			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR DAY EVENT FOOD & DRINKS			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/18 Rpt: 37/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/11/2024	5 Payee name JERSEY MIKE'S SUBS	
6 Amount (\$) \$14.87	7 Payee address; City; State; Zip Code 9937 BLUE MOUND RD FORT WORTH, TX 76131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name LAWSON, ZADEN	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1641 W NORTHWEST HWY GRAPEVINE, TX 76051	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ENTERTAINMENT DEPOSIT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name LAWSON, ZADEN	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1641 W NORTHWEST HWY GRAPEVINE, TX 76051	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT ENTERTAINMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt: 38/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 07/12/2024	5 Payee name MARIA'S
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6 Amount (\$) \$89.82	7 Payee address; City; State; Zip Code 1712 S UNIVERSITY FORT WORTH, TX 76131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING WITH LATINAS FOR HARRIS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name MARQUEZ, MARY
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 3702 SW 147TH OCALA, FL 34473
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GRAPHICS FOR EVENTS, WEBSITE, CAMPAIGN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name MARQUEZ, MARY
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 3702 SW 147TH OCALA, FL 34473
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN GRAPHICS, WEBSITE, SOCIAL MEDIA
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt: 39/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/12/2024	5 Payee name MI COCINA	
6 Amount (\$) \$45.76	7 Payee address; City; State; Zip Code 9369 RAIN LILY TRAIL FORT WORTH, TX 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING WITH CHICAGO LATINA MAGAZINE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name MPARCS	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 1600 E RANDOL MILL DR ARLINGTON, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name NELSON, KEYERA	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 9200 REESE AVE FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT VOLUNTEER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/18 Rpt: 40/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 08/28/2024	5 Payee name NORTH TEXAS COMMISSION	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 8445 FREEPORT PARKWAY STE 640 IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ANNUAL LUNCHEON
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2024	Payee name NOTION LABS, INC	
Amount (\$) \$76.76	Payee address; City; State; Zip Code 2300 HARRISON ST SAN FRANCISCO, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN HQ (2 MONTHS)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name PALIO'S CAFE	
Amount (\$) \$22.47	Payee address; City; State; Zip Code 3673 WESTERN CENTER BLVD FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DEM MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt: 41/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 07/12/2024	5 Payee name RED AERO
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6 Amount (\$) \$55.10	7 Payee address; City; State; Zip Code 900 N BLUE MOUND RD SAGINAW, TX 76131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COPIES: COLOR & B&W BLOCK WALKING
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name RED AERO
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Amount (\$) \$16.26	Payee address; City; State; Zip Code 900 N BLUE MOUND RD SAGINAW, TX 76131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRIORITY MAIL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/28/2024	Payee name REILLY ECHOLS PRINTING, INC
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Amount (\$) \$310.52	Payee address; City; State; Zip Code 1710 S HARWOOD DALLAS, TX 75215
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN POSTCARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt: 42/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 08/09/2024	5 Payee name REILLY ECHOLS PRINTING, INC
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6 Amount (\$) \$327.19	7 Payee address; City; State; Zip Code 1710 S HARWOOD DALLAS, TX 75215
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FLYERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/19/2024	Payee name SONS OF LIBERTY COFFEE, LLC
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Amount (\$) \$8.31	Payee address; City; State; Zip Code 250 LANCASTER AVE FORT WORTH, TX 76102
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING WITH COUNCILMEMBER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/18/2024	Payee name STARBUCKS
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 7052 BLUEMOUND RD FORT WORTH, TX 76131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY EVENT (2 GIFT CARDS)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 43/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 07/12/2024	5 Payee name SUITES OF KELLER
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6 Amount (\$) \$530.43	7 Payee address; City; State; Zip Code 1211 S MAIN ST KELLER, TX 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER EVENT CENTER RENTAL
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/10/2024	Payee name TARGET
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Amount (\$) \$203.99	Payee address; City; State; Zip Code 8917 TEHAMA RIDGE PARKWAY FORT WORTH, TX 76131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BINDERS / FOLDERS / CLIPS / BLOCKWALKING / EVENT EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name TARGET
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Amount (\$) \$86.73	Payee address; City; State; Zip Code 8917 TEHAMA RIDGE PARKWAY FORT WORTH, TX 76131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES, LABELS, TAPE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt: 44/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 09/03/2024	5 Payee name TEXAS TAP CO
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6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1955 BROADWAY SUITE 600 OAKLAND, CA 94612
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR DAY EVENT FOOD & DRINKS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2024	Payee name THE HOME DEPOT
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Amount (\$) \$160.81	Payee address; City; State; Zip Code 7100 N FRWY FORT WORTH, TX 76137
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-POSTS FOR ROAD SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2024	Payee name TOMMY'S
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Amount (\$) \$23.38	Payee address; City; State; Zip Code 2455 FOREST PARK BLVD FORT WORTH, TX 76110
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt: 45/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 Date 09/04/2024	5 Payee name USPS	
6 Amount (\$) \$51.10	7 Payee address; City; State; Zip Code PO BOX 79503 SAGINAW, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE EXPENSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name USPS	
Amount (\$) \$116.80	Payee address; City; State; Zip Code PO BOX 79503 SAGINAW, TX 76179	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name WALMART	
Amount (\$) \$175.60	Payee address; City; State; Zip Code 1401 N SAGINAW BLVD SAGINAW, TX 76179	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTER INK REFILLS FOR MAILERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/18 Rpt: 46/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107	
4 Date 08/11/2024	5 Payee name ZOOM		
6 Amount (\$) \$33.96	7 Payee address; City; State; Zip Code 55 ALMADEN BLVD SAN JOSE, CA 95113		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN HQ (2 MONTHS)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 1/4 Rpt: 47/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
4 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 08/21/2024
7 PAYEE	(a) Payee name RED AERO	(c) Date(s) Credit Card Issuer Paid 09/06/2024
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description META - NOTARY VERIFICATION FOR DIGITAL CAMPAIGN ADS
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
PAYMENT	(a) Amount Charged \$32.45	(b) Date of Charge 08/26/2024
PAYEE	(a) Payee name PALIO'S CAFE	(c) Date(s) Credit Card Issuer Paid 09/06/2024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 3673 WESTERN CENTER BLVD FORT WORTH, TX 76137
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office held State Representative District 93
PAYMENT	(a) Amount Charged \$1,533.96	(b) Date of Charge 07/02/2024
PAYEE	(a) Payee name EDWARDS & PATTERSON	(c) Date(s) Credit Card Issuer Paid 08/16/2024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 203 S BELTLINE RD IRVING, TX 75060
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office held State Representative District 93

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 48/51	2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 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 \$6.17	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issuer Paid 08/16/2024
7 PAYEE	(a) Payee name DONUT KING	(b) Payee address; City, State, Zip Code 9701 HARMON RD 105 FORT WORTH, TX 76177	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description BLOCKWALKING SNACKS & DRINKS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held
PAYMENT	(a) Amount Charged \$36.24	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer Paid 08/16/2024
PAYEE	(a) Payee name RAISING CANES	(b) Payee address; City, State, Zip Code 8801 N FREEWAY FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description DRINKS FOR EVENT/ FUNDRAISER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held
PAYMENT	(a) Amount Charged \$164.70	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issuer Paid 08/26/2024
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 EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MOBILIZE - MONTHLY SCHEDULER & EVENTS ORGANIZER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/4 Rpt: 49/51	2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 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 \$1,320.65	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid 09/06/2024
7 PAYEE	(a) Payee name EDWARDS & PATTERSON	(b) Payee address; City, State, Zip Code 203 S BELTLINE RD IRVING, TX 75060	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description CAMPAIGN SHIRTS AND SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held
PAYMENT	(a) Amount Charged \$159.90	(b) Date of Charge 09/02/2024	(c) Date(s) Credit Card Issuer Paid 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 EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MOBILIZE - MONTHLY SCHEDULER & EVENTS ORGANIZER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held
PAYMENT	(a) Amount Charged \$57.97	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issuer Paid 08/16/2024
PAYEE	(a) Payee name RED AERO	(b) Payee address; City, State, Zip Code 900 N BLUE MOUND RD SAGINAW, TX 76131	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description COLOR & B&W COPIES FOR BLOCK WALKING EVENT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 4/4 Rpt: 50/51	2 FILER NAME Bojorquez, Perla		3 Filer ID (Ethics Commission Filers) 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 \$930.00	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name META FOR BUSINESS	(b) Payee address; City, State, Zip Code 1 META WAY MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description META PLATFORM - DIGITAL CAMPAIGN ADS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 51/51	2 FILER NAME Bojorquez, Perla	3 Filer ID (Ethics Commission Filers) 00088107
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4 Date 09/15/2024	5 Payee name MAILCHIMP
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6 Amount (\$) \$55.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE #5000 ATLANTA, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL SERVICES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/17/2024	Payee name USPS
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Amount (\$) \$64.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 79503 SAGINAW, TX 76179
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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