



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 23

<b>13 C / OH NAME</b> Bojorquez, Perla	<b>14 Filer ID</b> (Ethics Commission Filers) 00088107
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,624.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	7,485.63
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,701.85
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	744.25

**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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<b>18 FILER NAME</b> Bojorquez, Perla	<b>19 Filer ID</b> (Ethics Commission Filers) 00088107
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,124.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,007.37
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	\$ 2,383.23
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 95.03
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOSTELMANN, VANESA <hr/> <b>6</b> Contributor address; City; State; Zip Code  WIGGINS, CO 80654	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) NURSE		<b>9</b> Employer (See Instructions) JBS
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BURUD, GWENN <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76177	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CERULLA, KAREN <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76111	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/18/2024	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 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLLINS, EUGENIA <hr/> Contributor address; City; State; Zip Code  BLAIRSVILLE, GA 30512	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOLEY, SANDRA <hr/> <b>6</b> Contributor address; City; State; Zip Code  KELLER, TX 76244	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) N/A
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIELS, JACQUES <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) SELF
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, DIXIE <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, VERONICA <hr/> Contributor address; City; State; Zip Code  ST. JOHN, IN 46373	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Liovardo <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 77044	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) IT ADMIN		Employer (See Instructions) SENECA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HUMISTON, JOYCE <hr/> <b>6</b> Contributor address; City; State; Zip Code  IRVINE, CA 92602	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) PRJ MANAGER		<b>9</b> Employer (See Instructions) IBM
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, CHRISTY <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) MEDICAL LAB SCIENTIST		Employer (See Instructions) CARTER BLOODCARE
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, KATE <hr/> Contributor address; City; State; Zip Code  HASLET, TX 76052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) LOCKHEED MARTIN
Date 10/15/2024	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 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MACINTA, TIMOTHY <hr/> Contributor address; City; State; Zip Code  ARLINGTON, MA 02474	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) IT CONSULTANT		Employer (See Instructions) PENSAMOS DIGITAL, INC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAYO, MARGARET <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) IT CONSULTANT		<b>9</b> Employer (See Instructions) UNISYS
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OMARKHAIL, KATHRYN <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76111	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SOCIAL WORK		Employer (See Instructions) BAYLOR SCOTT & WHITE
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ORTIZ, JOSE <hr/> Contributor address; City; State; Zip Code  IRVING, TX 75038	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ORTIZ LAW FIRM
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PATEL, MUKESH <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76137	Amount of Contribution (\$)  \$101.00
Principal occupation / Job title (See Instructions) HOTEL MANAGER		Employer (See Instructions) SELF
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PORUBSKY, AMY <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76137	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 09/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) QUINN, MICHAEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  GRAPEVINE, TX 76051	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) SYSTEM ENGINEER		<b>9</b> Employer (See Instructions) O'REILLY AUTO PARTS
Date 10/25/2024	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) RETIRED
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SIERRA CLUB POLITICAL COMMITTEE OF TEXAS <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78765	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2024	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 (\$)  \$100.00
Principal occupation / Job title (See Instructions) CERTIFIED PHARMACY TECHNICIAN		Employer (See Instructions) ALBERTSONS
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STELLJES, LAURIE <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76109	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS LATINA LIST <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76164	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/03/2024	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 10/18/2024	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 (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) UFCW ACTIVE BALLOT CLUB <hr/> Contributor address; City; State; Zip Code  WASHINGTON , DC 20006	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WEATHERRED, MAY ANNE <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/23
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, DOMINIQUE <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76244	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) PHARMACIST		<b>9</b> Employer (See Instructions) WALGREENS
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) YAHNE, LISA Contributor address; City; State; Zip Code  FORT WORTH, TX 76111	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) ARTIST		Employer (See Instructions) SELF

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 11/23	
<b>2</b> FILER NAME Bojorquez, Perla		<b>3</b> Filer ID (Ethics Commission Filers) 00088107	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 10/06/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, TAG <hr/> <b>7</b> Contributor address; City; State; Zip Code  HASLET, TX 76052	<b>8</b> Amount of contribution (\$) \$1,500.00	<b>9</b> In-kind contribution description FUNDRAISER EVENT / FOOD / DRINKS / PROPS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) TERRITORY MANAGER		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) NATIONAL TUBE SUPPLY CO.	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 12/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/26/2024	<b>5</b> Payee name ACTBLUE, LLC	
<b>6</b> Amount (\$) \$115.57	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/03/2024	Payee name BOJORQUEZ, PERLA	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 420 LOMAX LANE  FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REPAYMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name CAPITAL ONE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1860 CAPITAL ONE DRIVE  MCLEAN, VA 22102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/10 Rpt: 13/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/04/2024	<b>5</b> Payee name CAPITAL ONE	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1860 CAPITAL ONE DRIVE  MCLEAN, VA 22102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADS
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/15/2024	Payee name CAPITAL ONE	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1860 CAPITAL ONE DRIVE  MCLEAN, VA 22102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/25/2024	Payee name CHICK-FIL-A	
Amount (\$) \$38.69	Payee address; City; State; Zip Code 4500 W BAILEY BOSWELL RD  SAGINAW, TX 76179	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL GREETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/10 Rpt: 14/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/24/2024	<b>5</b> Payee name CITY OF FTW	
<b>6</b> Amount (\$) \$56.64	<b>7</b> Payee address; City; State; Zip Code 1000 THROCKMORTON ST  FORT WORTH, TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</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 / EVENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/14/2024	Payee name COSTCO	
Amount (\$) \$185.35	Payee address; City; State; Zip Code 8902 TEHAMA RIDGE  FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDUCATORS APPRECIATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/15/2024	Payee name FLIPS PATIO GRILL	
Amount (\$) \$224.21	Payee address; City; State; Zip Code 6613 FOSSIL BLUFF  FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WATCH PARTY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 15/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/10/2024	<b>5</b> Payee name IMPRINT	
<b>6</b> Amount (\$) \$212.41	<b>7</b> Payee address; City; State; Zip Code 14550 BEECHNUT ST  HOUSTON, TX 77083	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 SWAG
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/17/2024	Payee name LITTLE BROTHERS PIZZA	
Amount (\$) \$18.19	Payee address; City; State; Zip Code 9700 BLUE MOUND RD  FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 / MEAL EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/24/2024	Payee name LUZARDO, EDUARDO	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 930 BENG DR  ARLINGTON, TX 76013	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 16/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/18/2024	<b>5</b> Payee name MARQUEZ, MARY	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 3702 SW 147TH  OCALA, FL 34473	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 / WEBSITE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/07/2024	Payee name NELSON, KEYERA	
Amount (\$) \$225.00	Payee address; City; State; Zip Code 9200 REESE AVE  FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/10/2024	Payee name NOTION LABS, INC	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 2300 HARRISON ST  SAN FRANCISCO, CA 94110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETINGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b>	Total pages Schedule F1: Sch: 6/10 Rpt: 17/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b>	Date 09/30/2024	<b>5</b> Payee name PANERA BREAD	
<b>6</b>	Amount (\$) \$16.88	<b>7</b> Payee address; City; State; Zip Code 2925 HERITAGE TRACE PKWY  FORT WORTH, TX 76177	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 / MEAL EXPENSE
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
	Date 10/10/2024	Payee name PARTY CITY	
	Amount (\$) \$142.42	Payee address; City; State; Zip Code 7612 W DENTON HIGHWAY  WATAUGA, TX 76148	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDUCATOR APPRECIATION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
	Date 10/04/2024	Payee name QUICKLOTZ	
	Amount (\$) \$27.07	Payee address; City; State; Zip Code 1101 MELBOURNE RD  HURST, TX 76053	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDUCATORS APPRECIATION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 18/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/15/2024	<b>5</b> Payee name RED AERO	
<b>6</b> Amount (\$) \$48.91	<b>7</b> Payee address; City; State; Zip Code 900 N BLUE MOUND RD  SAGINAW, TX 76131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING FEES & COPIES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/07/2024	Payee name SRD PUBLISHERS	
Amount (\$) \$672.75	Payee address; City; State; Zip Code 1939 GOLDEN HEIGHTS RD  FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought Office held
Date 10/25/2024	Payee name STARBUCKS	
Amount (\$) \$7.44	Payee address; City; State; Zip Code 7052 BLUEMOUND RD  FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL GREETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 19/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/18/2024	<b>5</b> Payee name STORMER, CINDY	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 4455 CAMP BOWIE BLVD  FORT WORTH, TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSOR
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 09/27/2024	Payee name TACUSA	
Amount (\$) \$24.73	Payee address; City; State; Zip Code 7420 N BEACH ST  FORT WORTH, TX 76137	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEAL EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
Date 10/14/2024	Payee name TARGET	
Amount (\$) \$37.95	Payee address; City; State; Zip Code 8917 TEHAMA RIDGE PARKWAY  FORT WORTH, TX 76131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EDUCATORS APPRECIATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93

# 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.

<b>1</b>	Total pages Schedule F1: Sch: 9/10 Rpt: 20/23	<b>2</b>	FILER NAME Bojorquez, Perla	<b>3</b>	Filer ID (Ethics Commission Filers) 00088107
<b>4</b>	Date 10/21/2024	<b>5</b>	Payee name THE HOME DEPOT		
<b>6</b>	Amount (\$) \$80.85	<b>7</b>	Payee address; City; State; Zip Code 7100 N FRWY  FORT WORTH, TX 76137		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93	Office held
	Date 10/20/2024		Payee name TOMMY'S		
	Amount (\$) \$21.38		Payee address; City; State; Zip Code 2455 FOREST PARK BLVD  FORT WORTH, TX 76110		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 / MEAL 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
	Date 10/21/2024		Payee name TORCHYS		
	Amount (\$) \$20.57		Payee address; City; State; Zip Code 3330 TRACEWOOD WAY  FORT WORTH, TX 76244		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL GREETING		
		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 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.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 21/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/09/2024	<b>5</b> Payee name ZOOM	
<b>6</b> Amount (\$) \$16.98	<b>7</b> Payee address; City; State; Zip Code 55 ALMADEN BLVD  SAN JOSE, CA 95113	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETINGS
<b>9</b> 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 -<br>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.

<b>1</b> Total pages Schedule F4: Sch: 1/1 Rpt: 22/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE	<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$2,223.33	(b) Date of Charge 10/25/2024
<b>7</b> PAYEE	(a) Payee name META FOR BUSINESS	(c) Date(s) Credit Card Issuer Paid 10/25/2024
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Payee address; City, State, Zip Code 1 META WAY MENLO PARK, CA 94025
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description 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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BOJORQUEZ, PERLA	Office sought State Representative District 93
	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$159.90	(b) Date of Charge 10/02/2024
<b>PAYEE</b>	(a) Payee name NGP VAN INC	(c) Date(s) Credit Card Issuer Paid 10/26/2024
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Payee address; City, State, Zip Code 655 15TH STREET NW SUITE 650 WASHINGTON, DC 20005
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description MOBILIZE
	(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	

# 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 23/23	<b>2</b> FILER NAME Bojorquez, Perla	<b>3</b> Filer ID (Ethics Commission Filers) 00088107
<b>4</b> Date 10/03/2024	<b>5</b> Payee name HOSTINGER INTERNATIONAL LTD	
<b>6</b> Amount (\$) \$17.17  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 61 LORDOU VIRONOS STREET  LARNACA 6023 Cyprus	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOMAIN RENEWAL
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: BOJORQUEZ, PERLA Office sought: _____ Office held: _____	
Date 10/14/2024	Payee name MAILCHIMP	
Amount (\$) \$13.86  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE #5000 ATLANTA, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	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 EMAILS
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: BOJORQUEZ, PERLA Office sought: _____ Office held: _____ State Representative	
Date 10/17/2024	Payee name USPS	
Amount (\$) \$64.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 79503  SAGINAW, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: BOJORQUEZ, PERLA Office sought: _____ Office held: _____ State Representative	