CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00088039		2 Total pages fil	led: 9
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Vincent		MI		JSE ONLY
NAME					Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST Perez		SUFFIX	01/15/2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 649 Londonderry Road	/ SUITE #; CIT	Γ Y ;	ZIP CODE	Date Hand-delivered or Receipt #	r Date Postmarked
Change of Address	El Paso, TX 79907				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME		FIRST Jorge		MI		
	NICKNAME	LAST Perez		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 7950 San Paulo Drive	BOX PLEASE);	API	Γ / SUITE #; CITY;	; STA	ATE; ZIP CODE
(Residence or Business)	El Paso, TX 79915					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (915) 740-1228	IE NUMBER I	EXTENSION			
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified	15th day after car appointment (office Final Report (Atta	ceholder only)
9 PERIOD COVERED	Month Day Year 07/01/2024		HROUGH	reporting limit Month Day 12/31/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Place	e El Paso Distr	ict 77 El Paso	12 OFFICE SOUGHT State Represent	T (if known) tative Place El Pa	so District 77
		GO 1	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 99

13 C / OH NAME	Perez, Vincent		14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 80,921.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 39,085.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 43,681.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 6,000.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		,	√incent Perez	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 99						
18 FILER NA	ME	19 Filer ID	(Ethics C	Commission Filers)				
Perez, V	incent	00088039						
	LE SUBTOTALS		SUI	BTOTAL AMOUNT				
NAME OF	NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	80,421.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4. X	4. X SCHEDULE E: LOANS							
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	\$							

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/99	
2	FILER NAME Perez, Vince	ent		3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 09/10/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		Austin , TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_Ancira Strategic Partners Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code Austin , TX 78768)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_BNSF Rail PAC Contributor address; City; State; Zip Code Fort Worth , TX 78768)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Blackridge Contributor address; City; State; Zip Code Austin , TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/99	
2	FILER NAME Perez, Vince	nt		3	Filer ID (Ethics Commission 00088039	n Filers)
4	Date 12/04/2024	 Full name of contributor	AC (ID#: C00397851)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Lagge	St. Louis , MO 63105	D. Familiana (Con Instruction	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/03/2024	Full name of contributor x out-of-state PA Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583	AC (ID#: <u>C00035006</u>		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 11/08/2024	Full name of contributor			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 12/03/2024	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/12/2024	Full name of contributor out-of-state PA Cross Oak Group Contributor address; City; State; Zip Code Austin , TX 78701	AC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			·			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/99	
2	FILER NAME Perez, Vince			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 11/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		El Paso, TX 79901				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Government Affairs LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ Grace & Newman Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ HCA Texas Good Government Fund Contributor address; City; State; Zip Code Dallas , TX 75240			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/99	
2	FILER NAME Perez, Vince			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 12/10/2024	 5 Full name of contributor out-of-state PAC (ID#:_HS Law PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_	Deinainal agai	Austin, TX 78701	O Franks or (Cas Instructions			
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ HSPAC - STATE Contributor address; City; State; Zip Code Austin, TX 78701-2180			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Haggarty, Patrick B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	El Paso, TX 79904 pation / Job title (See Instructions)	Employer (See Instructions)		
	Government	Affairs				
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_Hillco PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/99	
2	FILER NAME Perez, Vince	nt				3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 08/06/2024	5 Full name of contributor Jobe , Stanley P.6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Jobe Materia	El Paso , TX 79928 pation / Job title (See Instructions	5)	9	Employer (See Instructions President	<u> </u> s)		
	Date 12/12/2024	Full name of contributor Joe Moody Campaign Contributor address; City; S)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	El Paso, TX 79903 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 12/11/2024	Full name of contributor Karlsruher, Jessica Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions	s)		Employer (See Instructions	•		
	Executive Di	rector			Texas Real Estate Advo	oca	cy & Defense Coalition	
	Date 11/18/2024	Full name of contributor Legacy 44 Contributor address; City; S Austin , TX 78756)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 08/29/2024	Full name of contributor Lemmond, Bryon (Mr.) Contributor address; City; S Katy, TX 77449	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/99	
2	FILER NAME Perez, Vince	nt			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 09/29/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$7.00
_		Katy, TX 77449	_		<u></u>		
8	none	pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Lemmond, Bryon (Mr.) Contributor address; City; State; Zip Code Katy, TX 77449)	•	Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	none			Not Employed			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78760					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Lisa Hughes Consulting Contributor address; City; State; Zip Code Austin , TX 78759)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 09/04/2024	Full name of contributor X out-of-state PAC (ID#: C Marathon Petroleum Corporation Employees PA Contributor address; City; State; Zip Code Findlay, OH 45840-3229)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/99	
2	FILER NAME Perez, Vince	nt			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 12/11/2024	Mary Gonzalez Campaign	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
		Clint , TX 79836					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Date 12/12/2024	Matz and Company, LLC Contributor address; City; State; Z)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/12/2024	Full name of contributor of one of the contributor of the contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/10/2024	Full name of contributor on NAIFA Texas IFAPAC Contributor address; City; State; Z Austin, TX 78746	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/30/2024	Full name of contributor oncor Texas State PAC Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l .				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/99	
2	FILER NAME Perez, Vince	nt		3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
	Dringing oggu	Austin, TX 78746	• Employer (Con Instructions	<u>,,</u>		
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78711	5 1 (0 1 : :	<u>L</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Scott , Bruce R. Contributor address; City; State; Zip Code Austin, TX 78703)	•	Amount of Contribution (\$)	\$150.00
	Principal occu government	pation / Job title (See Instructions) affairs	Employer (See Instructions Bruce Scott Consulting,		С	
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_ TSTA/NEA Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/99	
2	FILER NAME Perez, Vince	nt		3	Filer ID (Ethics Commission 00088039	n Filers)
4	Date 08/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all access	El Paso , TX 79922	2 Frankrije (Control Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Resonable Solutions Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1951)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Builders Contributor address; City; State; Zip Code Austin , TX 78701)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/99	
2	FILER NAME Perez, Vince			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 12/11/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) O9/30/2024 Texas Bankers Association Bank PAC - STATE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
Austin , TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Construction Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing oggu	Austin, TX 78701	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League Contributor address; City; State; Zip Code Dallas, TX 75265-5147)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Friends of Trey Martinez Fisher Contributor address; City; State; Zip Code San Antonio, TX 78201)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/99	
2	FILER NAME Perez, Vince	ent		3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 12/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) 10/06/2024 Texas McDonald's Operators Association PAC, INC. Contributor address; City; State; Zip Code Athens, TX 75751			Amount of Contribution (\$)	\$1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin , TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	rincipal occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin , TX 78701)		Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)			
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin , TX 78705			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	l	I pages Schedule A1: : 12/15 Rpt: 15/99	
2	FILER NAME			3 Filer	ID (Ethics Commissi	on Filers)
	Perez, Vince	ent		000	88039	
4	Date 12/10/2024	 Full name of contributor		7 Amo	unt of Contribution (\$)	\$250.00
		El Paso, TX 79917				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amo	unt of Contribution (\$)	
	08/07/2024	Texas Package Stores Association (Texas Beve	erage Alliance PAC)			\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin , TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amo	unt of Contribution (\$)	
	10/01/2024	Texas Sands PAC				\$4,000.00
		Contributor address; City; State; Zip Code Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	T Inicipal occu	pation 7 sob title (see instructions)	Employer (See mandenons	·)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amo	unt of Contribution (\$)	
	09/24/2024	Texas Society of Anesthesiologists				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amo	unt of Contribution (\$)	
	10/18/2024	Texas State Association of Fire Fighters PAC				\$750.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/99	
2	FILER NAME Perez, Vince			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 08/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	<u> </u>	Austin , TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 11/19/2024 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
Austin , TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas for Lawsuit Reform Foundation Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Dringing oggu	Austin, TX 78701	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ The Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2656)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ The Garcia Group Contributor address; City; State; Zip Code Austin , TX 78701)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/99	
2	FILER NAME Perez, Vince	ent			3	Filer ID (Ethics Commission 00088039	on Filers)
4	Date 12/11/2024	5 Full name of contributorThe Garcia Group6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
		Austin , TX 78701					
8	Principal occu	pation / Job title (See Instructions	8)	9 Employer (See Instructions	s)		
Date Full name of contributor x out-of-state PAC (ID#: C00284885) 10/04/2024 The Home Depot PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	washington , DC 20004 pation / Job title (See Instructions	6)	Employer (See Instructions	<u> </u> s)		
			,	. , (
	Date 08/13/2024	Full name of contributor Turrierta, Gilbert (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Lobbyist	pation / Job title (See Instructions	s) 	Employer (See Instructions Self-employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/16/2024 Walle , Armando Contributor address; City; State; Zip Code Houston , TX 77039			•	Amount of Contribution (\$)	\$500.00	
	•	pation / Job title (See Instructions Representative	s)	Employer (See Instructions Texas State	5)		
Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Weekley, Richard W (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$1,500.00			
	Principal occu Co-Founder,	pation / Job title (See Instructions	5)	Employer (See Instructions Texans for Lawsuit Refo			
	30. 34.1401,			. S. S. S. S. Eurouk Note			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/99	
2	FILER NAME Perez, Vince	ent		3	Filer ID (Ethics Commissi 00088039	on Filers)
4	Date 08/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	•					
	Date 11/22/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
		El Paso , TX 79913-0667				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/99 FILER NAME 3 Filer ID (Ethics Commission Filers) Perez, Vincent 00088039 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/11/2024 **Texas Realtors** \$250.00 advertising for fundraising 7 Contributor address; City; State; Zip Code event Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/11/2024 **Texas Realtors** \$250.00 I fundraising event Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how	to complete this f	orm.		ages Schedule E: /1 Rpt: 20/99
2	FILER NAME Perez, Vincent				3 Filer ID 00088	(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS				\$ 6,000.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; C	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instru	uctions)	1
14	Description of Col	lateral		15 Check if personal fu	nds were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; C	City; State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instr	uctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/79 Rpt: 21/99	Perez, Vincent	00088039
4	Date	5 Payee name	-
	12/08/2024	1809 Frontage Rd	
6	Amount (\$) \$14.72	7 Payee address; City; State; Zip Code	
		Van Horn, TX 79855	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	11/28/2024	2TEN Coffee Roasters	
	Amount (\$) \$11.74	Payee address; City; State; Zip Code 4935 N Mesa St. Suite 4	
		El Paso, TX 79912	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 11/17/2024	Payee name AIRBNB	
	Amount (\$) \$390.38	Payee address; City; State; Zip Code	
		Austin, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AIRBNB in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1: Sch: 2/79 Rpt: 22/99	2 FILER NAME Perez, Vincent	3 Filer ID (Ethics Commission Filers) 00088039
4	Date 12/08/2024	5 Payee name AT&T Hotel and Conference Center	1
6	Amount (\$) \$290.04	7 Payee address; City; State; Zip Code 1900 University Ave.	
8	PURPOSE OF EXPENDITURE	Travel Out of District	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Otel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/29/2024	Payee name AT&T	
	Amount (\$) \$114.18	Payee address; City; State; Zip Code Whitacre Tower 208 S Akard St Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense hone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/25/2024	Payee name AT&T	
	Amount (\$) \$156.13	Payee address; City; State; Zip Code Whitacre Tower 208 S Akard St	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense hone
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/79 Rpt: 23/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/24/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.13	Whitacre Tower 208 S Akard St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		phone
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$366.41	Whitacre Tower 208 S Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.19	Whitacre Tower 208 S Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/79 Rpt: 24/99	Perez, Vincent 00088039	
4	Date	5 Payee name	
	09/29/2024	Alamo Alehouse Gourmet Burgers Bar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.76	9800 Airport Blvd.	
		San Antonio, TX 78216	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense food	
		1000	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O	the state of the s	
H	Date	Payee name	=
	09/09/2024	Alon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$41.02	701 E Dickinson Blvd	
	Ψ-1.02	TOT E BIOMISON BIVE	
		Fort Stockton, TX 79735	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		gas	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/08/2024	Alon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.39	701 E Dickinson Blvd	
		Fort Stockton, TX 79735	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/79 Rpt: 25/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/13/2024	Austin Article
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.50	3600 Presidential Blvd.
		Austin , TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food airport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	11/14/2024	Austin Article
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.65	3600 Presidential Blvd.
		Austin , TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food while traveling
		.coa milo aaromig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	11/14/2024	Austin Article
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.65	3600 Presidential Blvd.
	40.00	
		Austin , TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		food while traveling
	Complete ONLY if direct	Condidate/Officeholder name Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/79 Rpt: 26/99	Perez, Vincent 00088039
4	Date	5 Payee name
	08/14/2024	Austin Article
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.36	3600 Presidential Blvd.
		Austin , TX 78719
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		food while traveling
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Austin Article
_	Amount (\$)	Payee address; City; State; Zip Code
	\$15.14	3600 Presidential Blvd.
	Ψ13.14	3000 Fiesidelitiai biva.
		A' TV 70740
		Austin , TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food while traveling
		lood write davoing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/20/2024	Austin Article
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	3600 Presidential Blvd.
		Austin , TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		food while traveling
	2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committ	tee Lega	wards/Memorials I Services			ages/	Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)	
1	Total pages Schedule F1:	2 ⊑!!			*		-	1	3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/79 Rpt: 27/99	l	rez, Vincent							00088039	,	
4	Date	5 Pa	yee name									
	12/10/2024	Au	stin Article									
6	Amount (\$) \$12.20	36	yee address; 00 President stin , TX 787		State;	; Zip Coo	de					
8	PURPOSE	(a) Ca	tegory (See Ca	egories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		od/Beverage					<u> </u>	, TX,	officeholder livin	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		didate/Officeho	older name	C	Office souç	ght			Office h	neld	
	Date	Pa	yee name									
	09/22/2024	Av	is Rent A Ca	r								
	Amount (\$)	Pa	yee address;	City;	State;	Zip Cod	de					
	\$437.49	De	sert Passage	Center 132	0 N Zarago	oza Rd.						
	BURDOG-		Paso, TX 79			T	(I-)					
	PURPOSE OF EXPENDITURE	Tra	tegory _{(See Ca} ansportation pense			′		Check if Austin,	, TX,	officeholder livin	mplete Schedule T. ng expense	
								car rental for	Au	stin		
	Complete ONLY if direct expenditure to benefit C/Oh		didate/Officeho	older name	C	Office souç	ght			Office h	neld	
	Date	Pa	yee name									
	11/19/2024	Bro	others Valet									
	Amount (\$) \$20.40	Pa	yee address;	City;	State;	Zip Coo	de					
		Au	stin, TX									
	PURPOSE	l .	tegory _{(See Ca}		e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Tra	avel Out of D	strict				—		de of Texas. Cor officeholder livin	mplete Schedule T.	
								valet parking	, IA,	onicendider ilvin	ny experise	
	Complete ONLY if direct expenditure to benefit C/Oh		didate/Officeho	older name	C	Office soug	ght			Office h	neld	
_	· · · · · ·											

SCHEDULE F1

Advertising Expense Evi Accounting/Banking Fer Consulting Expense For Contributions/ Donations Made By - Gif

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/79 Rpt: 28/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/01/2024	Budget Rent A Car
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$299.81	6701 Convair Road
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		car rental for Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/09/2024	Budget Rent A Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.88	6701 Convair Road
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2024	Budget Rent A Cat
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.88	9559 Airport Blvd
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Leg	Awards/Memorials Exp al Services e Instruction Guide	Salari		es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
-	Total pages Caladula 51:	٦.						12	Filor ID	(Ethios Commission File)	-
1	Total pages Schedule F1: Sch: 9/79 Rpt: 29/99	l	FILER NAME Perez, Vincent					3	Filer ID 00088039	(Ethics Commission Filers)	
4	Date	5 1	Payee name					_			_
	09/06/2024	1	CVS								
_				City.	Ctoto: 7:-	Ccd-					_
6	Amount (\$)	1	Payee address;	City;	State; Zip	Code	•				
	\$4.32	;	500 Congress	Ave.							
		/	Austin, TX 787	01							
8	PURPOSE	(a) (Category (See Category	ategories listed at the to	op of this schedule)	(b) Description				_
	OF			emorials Expens				outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE			·			Check if Austir	n, TX,	, officeholder living	g expense	
							card				
9	Complete ONLY if direct		andidate/Officeh	older name	Office	sough	t		Office he	eld	_
	expenditure to benefit C/OI	Н									
H	Date		Payee name								=
	08/13/2024	l	CVS								
L				City #	Ctota: 7:-	Ccd-					_
	Amount (\$)	l	Payee address;	City;	State; Zip	Coae	•				
	\$23.94	5	500 Congress	Ave.							
		/	Austin, TX 787	01							
	PURPOSE	(a) (Category (See Category	ategories listed at the to	on of this schedule)	(b) Description				_
	OF EXPENDITURE			.d/Rental Expen		`		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	2 2 2 3		-		Check if Austir	n, TX,	, officeholder living	g expense	
							miscellaneou	JS			
L											
	Complete ONLY if direct		andidate/Officeh	older name	Office	sough	t		Office he	eld	
	expenditure to benefit C/OI	Н									
H	Date	-	Payee name								Ħ
	09/02/2024	1	Cafe Central								
				City #	Ctoto: 7'-	Ccd-					4
	Amount (\$)	l	Payee address;	City;	State; Zip	Coae	•				
	\$320.00	-	109 N. Oregon	SI.							
		6	El Paso, TX 79	901							
	PURPOSE	(a) (Category (See Ca	ategories listed at the to	pp of this schedule)	(b) Description				٦
	OF EXPENDITURE	1	Food/Beverage		,		Check if travel			plete Schedule T.	
	EXPENDITURE		3	-			ш	n, TX,	, officeholder living	g expense	
							meeting				
	Complete ONLY if direct		andidate/Officeh	older name	Office	sough	t		Office he	eld	
	expenditure to benefit C/OI	Н									
											٦

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/79 Rpt: 30/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/05/2024	Candlewood Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.10	2469 West IH-10
		Fort Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/02/2024	Candlewood Suites
H	Amount (\$)	Payee address; City; State; Zip Code
	\$129.82	2469 West IH-10
		Fort Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		hotel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	12/02/2024	Candlewood Suites
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$129.82	2469 West IH-10
		Fort Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/79 Rpt: 31/99	Perez, Vincent 00088039
4 D	oate	5 Payee name
1	.2/02/2024	Candlewood Suites
6 A	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.97	2469 I-10
		Fort Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hotel
9 C	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
1	.2/02/2024	Candlewood Suites
Α	Amount (\$)	Payee address; City; State; Zip Code
	\$108.10	2469 West IH-10
		Fort Stockton, TX 79735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	\	
	Date	Payee name
	09/19/2024	Capital Cafe
Α	Amount (\$)	Payee address; City; State; Zip Code
	\$6.51	1001 Congress Ave. #180
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Aponditoro to bonont o/or	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/79 Rpt: 32/99 Perez, Vincent 00088039 4 Date Payee name 08/12/2024 Capitol Cafe 6 Amount (\$) Payee address; City; State; Zip Code \$13.80 1001 Congress Ave. Ste 180 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/14/2024 Capitol Cafe Amount (\$) Payee address; City; State; Zip Code \$12.36 1001 Congress Ave. Ste 180 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2024 Cava 17 Licoreria Amount (\$) Payee address: City; State; Zip Code \$314.07 Plaza Comercial, Tres Torres, Blvd Francisco Villareal Ciudad Juarez Chihuahua 32549 Mexico **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gifts for supporters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 13/79 Rpt: 33/99	Perez, Vincent	00088039		
4	Date	5 Payee name	•		
	10/01/2024	Chargepoint			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.00	9559 Airport Blvd			
		San Antonio, TX 78216			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel	outside of Texas. Complete Schedule T.		
	LAPENDITORE		ı, TX, officeholder living expense		
		charing station	on		
_	Opening the ONLY if allowed	Out in the 10th of the later was a second of the second of	Office held		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
_					
	Date	Payee name			
	11/16/2024	Charleys Philly Steaks			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.72	Concurse C, 7700 Spine Rd			
		Atlanta, GA 30320			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 00d/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
		food while tra			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	09/06/2024	Chevron			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.14	305 N Interstate Hwy 35			
	¥ .0.2 .	555 N			
		Austin, TX 78701			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel	outside of Texas. Complete Schedule T.		
	EXPENDITURE		, TX, officeholder living expense		
		gas			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Chevron 6 Amount (\$) \$29.19 7 Payee address; City; State; Zip Code US Hwy 285 Fort Stockton, TX 79735 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas	l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
Date	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chevron September Chevron	l	Sch: 14/79 Rpt: 34/99	Perez, Vincent		00088039
Section Sect	4	Date	5 Payee name		•
\$29.19 US Hwy 285 Fort Stockton, TX 79735 8 PURPOSE OF EXPENDITURE (a) Category (see Categores Issed at the top of this schedule) Travel Out of District (b) Description Check if Inseet addition of Treas. Complete Schedule T. Check in Austin, TX, officiended in New purposes gas 9 Complete ONLY if direct Chevron Amount (s) Purpose OF EXPENDITURE (a) Category (see Categores Issed at the top of this schedule) Travel Out of District (b) Description Check if Inseet audition of Treas. Complete Schedule T. Check in Austin, TX, officiended in New purposes gas (b) Description Check if Inseet audition of Treas. Complete Schedule T. Check in Austin, TX, officiended in New purposes gas Complete ONLY if direct Expenditure to benefit Croh Chevron Amount (s) Purpose OF State; City, State; Zip Code State; Check in Austin, TX, officiended in New purposes gas Complete ONLY if direct Chevron Amount (s) Payee name Chevron Amount (s) Purpose OF State; City, State; Zip Code State; Zip Code State; Zip Code State; Zip Code OF Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Chevron Chevron OF Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended in Treas. Complete Schedule T. Check in Austin, TX, officiended i		09/17/2024	Chevron		
Fort Stockton, TX 79735 Fort Stockton, T	6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
Purpose OF EXPENDITURE		\$29.19	US Hwy 285		
Purpose OF EXPENDITURE					
Creck it travel outside of Texas. Complete Schedule T.			Fort Stockton, TX 79735		
PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held	8			(b)	_
9 Complete ONLY if direct expenditure to benefit C/OH Date			Travel Out of District		
Date 09/18/2024 Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name Check if ravel outside of Texas. Complete Schedule T. Check if Deck if Dec					
Date 09/18/2024 Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name Check if ravel outside of Texas. Complete Schedule T. Check if Deck if Dec					
Date 09/18/2024 Amount (\$) Payee address; City; State; Zip Code \$51.36 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, difficeholder inving expense gas Complete QNLY if direct expenditure to benefit C/OH Date 11/19/2024 Amount (\$) Payee name Chevron Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete QNLY if direct Check if Austin, TX, officeholder inving expense food while travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense food while travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense food while travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense food while traveling Complete QNLY if direct Candidate/Officeholder name Office sought Office held	9			ught	Office held
O9/18/2024 Chevron Amount (\$) Payee address; City; State; Zip Code \$51.36 S1.36 Austin, TX 78701 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Chevron Amount (\$) Payee address; City; State; Zip Code S10.59 So N Interstate Hwy 35 Austin, TX 78701 Date 11/19/2024 Chevron Amount (\$) Payee address; City; State; Zip Code \$10.59 \$0 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) S10.59 Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Office held Check if travel outside of Texas. Complete Schedule T. Office held Check if travel outside of Texas. Complete Schedule T. Office held Complete ONLY if direct Complete ONLY if direct Candidate/Officeholder name Office sought Office held		expenditure to benefit C/OI	1		
Amount (\$)	Г	Date	Payee name		
S51.36 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Chevron Amount (\$) Payee name Chevron Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Check if Austin, TX, officeholder Iving expense gas (b) Description Check if Austin, TX 78701 (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense food while travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held		09/18/2024	Chevron		
Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if Itavel outside of Texas. Complete Schedule T. Check if Itavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder inving expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Amount (\$) Payee address; City; State; Zip Code \$10.59 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PORPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder living expense Office held (b) Description Check if Austin, TX, officeholder living expense (b) Description Check if Austin, TX, officeholder living expense (c) Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$51.36	30 N Interstate Hwy 35		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Complete ONLY if direct expenditure to benefit C/OH Date 11/19/2024 Amount (\$) Payee address; City; State; Zip Code \$10.59 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PORPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder living expense Office held (b) Description Check if Austin, TX, officeholder living expense (b) Description Check if Austin, TX, officeholder living expense (c) Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Travel Out of District Complete ONLY if direct expenditure to benefit C/OH			Austin, TX 78701		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Chevron Amount (\$) Payee address; City; State; Zip Code \$10.59 \$10.59 \$0 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held			(a) Category (See Categories listed at the top of this schedule)	(b)	·
Complete ONLY if direct expenditure to benefit C/OH Date			Travel Out of District		
Date 11/19/2024 Payee name Chevron Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Date 11/19/2024 Payee name Chevron Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Date 11/19/2024	Г			ught	Office held
Amount (\$) Payee address; City; State; Zip Code 30 N Interstate Hwy 35 Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held		expenditure to benefit C/OI	1		
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Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held				ode	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$10.59	30 N Interstate Hwy 35		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Austin, TX 78701		
EXPENDITURE FOOd/Beverage Expense Check if Austin, TX, officeholder living expense food while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held				(b)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	l		Food/Beverage Expense		
experioritire to benefit C/OH				ught	Office held
	L	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nplet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/79 Rpt: 35/99	Perez, Vincent		00088039
4	Date	5 Payee name		
	11/20/2024	Chevron		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le	
	\$30.31	30 N Interstate Hwy 35		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Travel Out of District	<u> </u>	Check if travel outside of Texas. Complete Schedule T.
	_/		Ĺ	Check if Austin, TX, officeholder living expense
			į	gas
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	.b+	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		mı	Office field
_				
	Date	Payee name		
	12/08/2024	Chevron		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$20.04	1801 Frontage Rd		
		Van Horn, TX 79855		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	EXPENDITURE	Travel Out of District	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	gas
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	Ccoc.u
⊨	Date	Davisa nama		
	08/13/2024	Payee name Chick-fil-A		
	Amount (\$)	Payee address; City; State; Zip Coc	ie	
	\$12.82	600 Congress Ave. C150		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Food/Beverage Expense	<u>[</u>	Check if travel outside of Texas. Complete Schedule T.
	-		L	Check if Austin, TX, officeholder living expense cood while traveling
			'	ood wrine havening
_	Complete ONLY if direct	Candidata/Officaholder name	ıht	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ji IL	Office held
_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/79 Rpt: 36/99	Perez, Vincent 00088039
4 Date	5 Payee name
09/09/2024	Circle K
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.39	1239 N Zaragoza
	El Paso, TX 79907
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense gas
	gus
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	
	1
Date	Payee name
09/17/2024	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$33.27	1239 N Zaragoza
	El Paso, TX 79907
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
	Expense
	guo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	
Date	Dayloo nama
12/09/2024	Payee name Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$21.91	1239 N Zaragoza
	El Paso, TX 79907
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense
	gas for car rental
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 17/79 Rpt: 37/99	Perez, Vincent 00088039						
4	Date	5 Payee name						
	08/12/2024	CitizenM						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$256.58	617 Colorado St.						
		Austin , TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense hotel						
		note:						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI	the state of the s						
H	Date	Payee name						
	12/12/2024	City of El Paso Electronic Parking Meter System						
L								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2.03							
		TX						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense parking meter						
		parking meter						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
┝	Data	Davida marra						
	Date 12/12/2024	Payee name City of El Page Floatronia Parking Motor System						
L		City of El Paso Electronic Parking Meter System						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1.03							
		TX						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense parking meter						
		paiking meter						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
\vdash								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/79 Rpt: 38/99	Perez, Vincent	00088039
4	Date	5 Payee name	
	10/22/2024	City of El Paso Electronic Parking Meter System	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	4220 Gurley Avenue	
		Dallas, TX 75223	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1 · · · · · · · · · · · · · · · —	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		meeting	
Ļ			25
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	07/25/2024	Cognent	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.50	P.O. Box 536421	
		Orlando, FL 32853	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Website	1.A, unicenduel living expense
		11333.6	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	11/26/2024	Cognent	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.50	P.O. Box 536421	
		Orlando, FL 32853	
	PURPOSE		
	OF	1	utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		website	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft G/OI	9.1	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/79 Rpt: 39/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/03/2024	Costco Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$859.98	6101 Gateway Boulevard West A-1
		TX 79925
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
		ing.it out do
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/20/2024	Dallas Marriott Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.02	650 N Pearl St.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		food while traveling
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Deluxe Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	500 E Dickinson Blvd Lot 1
		Fort Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		hotel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- p 2	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/79 Rpt: 40/99	Perez, Vincent	00088039
4	Date	5 Payee name	·
	09/21/2024	Eddie V's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$216.45	301 E 5th St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense meeting
			meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	12/09/2024	El Buen Tiro	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$39.23	C. Lago de Patzcuaro 807 Mascarenas	
l	Ψ00.20	o. Lago do Falledado do Finadoa ondo	
		Ciudad Juarez, TX 32340	
┝	PURPOSE) Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	One/Awards/Wemonals Expense	Check if Austin, TX, officeholder living expense
			cigars
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L			
	Date	Payee name	
L	07/03/2024	El Mirador	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.27	10 Henry Trost Ct	
l			
L		El Paso, TX 79901	
	PURPOSE OF	,) Description
l	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/79 Rpt: 41/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/12/2024	El Paso County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1401 Montana Ave. Ste E
		El Paso, TX 79902
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		unity campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	07/02/2024	El Paso INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	209 Noble St
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Journal Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	08/01/2024	El Paso INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	209 Noble St
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Journal subscription
		Godinal Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/79 Rpt: 42/99	Perez, Vincent 00088039
4	Date	5 Payee name
	08/29/2024	El Paso INC.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	209 Noble St
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Journal subscription
		odunal subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Dougo nomo
	12/28/2024	Payee name El Paso INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	209 Noble St
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Journal subscription
		วิงนิทิส รับธริษาที่เป็น
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	
	Date	Payee name
	10/28/2024	El Paso INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	209 Noble St
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Journal subscription
		วิงนิเทิส รันมริงที่มู่แบบ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
		_		The Instruction C	Guide explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 23/79 Rpt: 43/99		Perez, Vince	ent						00088039		
4	Date	5	Payee name									
	11/29/2024		El Paso INC									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$5.00		209 Noble S	št								
			El Paso, TX	79901								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	subscription	e Categories listed at	the top of this sch	edule)	(5)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Subscription					므		officeholder livin		
								Journal subso	crip	tion		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	12/30/2024		El Paso INC									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$5.00		209 Noble S	it .								
			El Paso, TX	79901								
_	PURPOSE	(2)					(h)	Description				
	OF	(۳)	subscription	e Categories listed at	the top of this sch	edule)	(5)	_ ·	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Subscription					Check if Austin,	, TX,	officeholder livin	g expense	
								Journal subso	crip	tion		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	09/09/2024		Enterprise R	ental Car								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$294.69		11351 Gate	way Blvd W								
			El Paso, TX	79936								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF			on Equipment					outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Expense							officeholder livin	g expense	
								car rental for	Au	stín		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	experience to benefit C/Of											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 24/79 Rpt: 44/99	Perez, Vincent	00088039					
4	Date	5 Payee name						
	09/16/2024	EraToll						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$10.84							
	I							
	l	Austin, TX						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.					
	I		Check if Austin, TX, officeholder living expense toll fee					
	l		ton rec					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI		S35					
F	Date	Payee name						
	11/13/2024	Expedia						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$95.95	11920 Alterra Pkwy						
	400.00	11320 / Moria i Nivy						
	I	Austin, TX 78758						
_	DUDDOCE							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Traver Out or district	Check if Austin, TX, officeholder living expense					
	l		hotel					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	<u> </u>						
	Date	Payee name						
	10/01/2024	Extended Stay						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$80.97	1015 Central Pkwy S						
	l							
	l	San Antonio , TX 78232						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.					
	LA LIBITORE		Check if Austin, TX, officeholder living expense					
	I		hotel					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O		Office field					
\vdash								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/79 Rpt: 45/99	Perez, Vincent		00088039
4	Date	5 Payee name		•
	09/30/2024	GECU		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$4.50			
		TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees]	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Į,	Service charge
				5
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/02/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$23.03	1600 Amphitheatre Pkwy		
		mountain view , CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense email platform
				oman piatomi
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/01/2024	Google		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$23.03	1600 Amphitheatre Pkwy		
		mountain view , CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense email platform
				onal pation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/79 Rpt: 46/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/01/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email platform
		Crital platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	10/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		email platform
L	Operation ONLY & Street	Outside to 10 ff as held a second of the sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	11/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		email platform
L	Commission ONU V. M. alling .	Condidate/Officeholder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Gift/Awards/Memorials Legal Services The Instruction Gu	Sa		ges/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
				ande explains now	to com	piete tilis loilli.	_			_
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 28/79 Rpt: 48/99		, Vincent					00088039		
4	Date	Payee	name							
L	09/29/2024	Hilton	Garden							
6	Amount (\$)	7 Payee	address; City;	State; Z	ip Cod	e				
	\$101.00	408 E	Houston St.							
		San A	ntonio TY 70705							
_	DUDDOGE		ntonio , TX 78705		10	LV =				_
8	PURPOSE OF		(See Categories listed at the	he top of this schedule	e) (I	b) Description		:	olata Calcadula T	
	EXPENDITURE	Travel	Out of District			=		ide of Texas. Com , officeholder living		
						hotel	III, I <i>X</i>	, onicendider living	у схрепас	
						110101				
<u> </u>	0 1. 0	<u> </u>						- · ·		_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder name	Offic	e sougl	nt		Office he	eia	
	onpolicitate to beliefit 6/01									_
	Date	Payee	name							
	09/30/2024	Hilton	Garden							
	Amount (\$)	Payee	address; City;	State; Z	ip Cod	е				_
	\$101.00	408 E	Houston St.							
		San A	ntonio , TX 78705							
\vdash	PURPOSE					h) Dogorintian				_
	OF		Ory (See Categories listed at the	he top of this schedule	e) (b) DescriptionCheck if trave	d outs	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	rravei	Out of District			=		, officeholder living		
						ப hotel			,	
H	Complete ONLY if direct	Candida	te/Officeholder name	Offic	e sougl	ht		Office he	eld	-
	expenditure to benefit C/OI				9					
\vdash	Date	Dovers	nomo							=
	Date	Payee								
	09/18/2024		y Inn- Town Lake							_
	Amount (\$)	•	address; City;	State; Z	ip Cod	e				
	\$320.43	20 N I	nterstate Hwy 35							
		Austin	, TX 78701							
	PURPOSE	a) Catego	Ory (See Categories listed at the	he top of this schedule	e) (I	b) Description				٦
	OF EXPENDITURE		Out of District					ide of Texas. Com		
	LAF LINDI I URE					<u>. </u>	in, TX	, officeholder living	j expense	
						hotel				
	Complete ONLY if direct	Candida	te/Officeholder name	Offic	e sougl	ht		Office he	eld	
	expenditure to benefit C/O									
										٦

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/79 Rpt: 49/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/09/2024	Honey Moon Spirit Lounge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.99	624 W 34th St
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		food while traveling
_	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
		nemopaper edisesp.ion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.96	4747 Southwest Fwy
		Houston , TX 77027
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) subscription (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newsletter subscription
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 6/01	·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/79 Rpt: 50/99	Perez, Vincent	00088039
4	Date	5 Payee name	
	10/16/2024	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.96	4747 Southwest Fwy	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	subscription Check if travel	outside of Texas. Complete Schedule T.
	_/	Check if Austir Newsletter Si	n, TX, officeholder living expense
		Newsieller S	abscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cilice Held
┢	Date	Payee name	
	11/13/2024	Houston Chronicle	
	Amount (\$)		
	\$11.96	Payee address; City; State; Zip Code 4747 Southwest Fwy	
	Φ11.90	4747 Southwest Fwy	
		Houston, TV 77007	
		Houston , TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Newsletter s	ubscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/11/2024	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.96	4747 Southwest Fwy	
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	subscription Check if travel	outside of Texas. Complete Schedule T.
		Check if Austir	n, TX, officeholder living expense
		Hewsietter st	abscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Since held

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By Gift/A
Candidate/Officeholder/Political Committee Legal

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/79 Rpt: 51/99	Perez, Vincent	00088039
4	Date	5 Payee name	·
	09/08/2024	Hwy 29 Short Stop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.31	100 W Young St	
		Llano, TX 78643	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			gas
_	Operation ONLY if the est	Constitute (Office helder grown	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/18/2024	Hyatt Centric	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$156.87	721 Congress Ave.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	11/19/2024	Hyatt Centric	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.88	721 Congress Ave.	
	,	3 3	
		Austin, TX 78701	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 God/Beverage Expense	Check if Austin, TX, officeholder living expense
			meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/79 Rpt: 52/99	Perez, Vincent 00088039
4		5 Payee name
	09/30/2024	JW Marriott Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	110 E 2nd St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Great	<u>'</u>
	Date	Payee name
L	12/20/2024	Karina's Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.13	911 N Yarbrough Dr
L		El Paso, TX 79915
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the polyment of Taylor Complete Schedule T
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		floral arrangement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	10/25/2024	Landry's
l	Amount (\$)	Payee address; City; State; Zip Code
	\$83.19	6801 Gateway Blvd W
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/79 Rpt: 53/99	Perez, Vincent 00088039
4	Date	5 Payee name
	08/15/2024	Legislative Solutions Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.00	807 Brazos St # 201
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fundraiser
		iui ui disci
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	12/17/2024	Legislative Solutions Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$295.00	807 Brazos St # 201
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		fundraiser
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
L	09/05/2024	Love's Travel Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.65	2723 East US Highway 290
		Fort Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		gas
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files NAME
1	Total pages Schedule F1: Sch: 34/79 Rpt: 54/99	2 FILER NAME Perez, Vincent 3 Filer ID (Ethics Commission Filers) 00088039
4	Date	5 Payee name
	09/21/2024	Love's Travel Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.87	2723 East US Highway 290
		Fort Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/21/2024	Lowes Fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.54	405 US-281
		Johnson City, TX 78636
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	11/01/2024	Mamacitas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.57	1580 Clint - San Elizario
		Clint, TX 79836
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting
	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/79 Rpt: 55/99	Perez, Vincent	00088039
4	Date	5 Payee name	·
	12/03/2024	Mexican American Legislature Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	1108 Lavaca Street Suite 110-351	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense MALC fee
			WALC IEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Date	David and the second se	
	09/05/2024	Payee name Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.24	401 E Sonterra Blvd.	
		04.1	
		San Antonio, TX 78258	
	PURPOSE OF	,	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			software
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/11/2024	Mustang Parking Enterprises	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	3613 Live Oak St	
		Dallas, TX 75204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			parking meter for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/79 Rpt: 56/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/26/2024	PDX printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.72	208 Octavia St
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense business cards
		business out us
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Power name
	09/06/2024	Payee name
		Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.05	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/07/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.65	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 37/79 Rpt: 57/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/06/2024	Parking Enterprise Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.65	1111 Rio Grande St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/07/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.90	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense meeting
		meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 09/08/2024	Payee name Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.90	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking meter
		parting mote.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/79 Rpt: 58/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/07/2024	Parking Enterprise Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.90	1111 Rio Grande St

		A (1) TV T0704
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		parking meter
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Of	·
	Date	Payee name
	09/06/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.40	1111 Rio Grande St
		Austin, TX 78701
	DUDD005	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking meter
		parking meter
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	09/06/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.50	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/79 Rpt: 59/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/06/2024	Parking Enterprise Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.40	1111 Rio Grande St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/18/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.50	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking meter
		Perming more
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	"
	Date	Payee name
	09/20/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/79 Rpt: 60/99	Perez, Vincent 00088039
4	Date	5 Payee name
	10/21/2024	Parking Enterprise Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.40	1111 Rio Grande St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking meter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	11/18/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		parking meter
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	11/18/2024	Parking Enterprise Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.65	1111 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/79 Rpt: 61/99	Perez, Vincent	00088039
4	Date	5 Payee name	•
	11/18/2024	Parking Enterprise Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.65	1111 Rio Grande St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Travel Out of District	k if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		k if Austin, TX, officeholder living expense
		parkiii	g meter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
5	expenditure to benefit C/O		Office field
_	Date	Davis nama	
	11/19/2024	Payee name Parking Enterprise Austin	
	Amount (\$) \$6.40	Payee address; City; State; Zip Code 1111 Rio Grande St	
	Φ0.40	TITI RIO GIAIIUE SI	
		A	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Traver out of District	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
			g meter
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/19/2024	Parking Enterprise Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.90	1111 Rio Grande St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Travel Out of District	k if travel outside of Texas. Complete Schedule T.
	LAPENDITORE		k if Austin, TX, officeholder living expense
		parkin	g meter
	Complete ONLY if direct	Candidate/Officabalder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict category not listed a	bove)
	·	_		The Instruction G	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 42/79 Rpt: 62/99		Perez, Vince	ent						00088039		
4	Date	5	Payee name									
	12/02/2024		Parking Ente	erprise Austin								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$21.00		1111 Rio Gr	ande St								
			Austin, TX 7	8701								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	Travel Out o	e Categories listed at	the top of this sche	edule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		riavei out e	District				Check if Austin,	, TX,	officeholder living	g expense	
								parking meter	r			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/21/2024		Parking Sys	tem of America	a Dallas							
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.00		4220 Gurley	Avenue								
			•									
			Dallas, TX 7	5223								
	PURPOSE	(a)					(h)	Description				
	OF	(~)	Travel Out o	e Categories listed at	the top of this sche	edule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		riavei out e	District				Check if Austin,	, TX,	officeholder living	g expense	
								parking meter	r			
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/08/2024		Pasteleria S	ao Paulo								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$15.56		2512 Rio Gr	ande St								
			Austin, TX 7	8705								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	edule)	(b)	Description				
	OF	` `		age Expense	and top or and come	Jaaro)			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								food while tra	ıvel	ing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
	experience to belieff C/OI											

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mei

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala		ges/	Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
				The Instruction Gui	de explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 43/79 Rpt: 63/99		Perez, Vince	ent						00088039		
4	Date	5	Payee name									
	07/29/2024		Peerly									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	е					
	\$359.82		2232 Dell R	ange Blvd #287								
			Cheyenne, \	WY 82009								
8	PURPOSE	(a)	-	e Categories listed at the	a top of this sehedule	10	b)	Description				
	OF	``	peer-to-pee		e top of this scriedule)		-, 		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		poor to poor	. toxting			ĺ	Check if Austin,	TX,	officeholder living	g expense	
								multimedia m	ess	saging servi	ice (MMS)	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	08/15/2024		Peerly									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$102.07		2232 Dell R	ange Blvd #287								
			Cheyenne, \	WY 82009								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(I	b)	Description				
	OF EXPENDITURE		peer-to-peer				ļ	<u>—</u>			nplete Schedule T.	
	EXI ENDITORE									officeholder livin		
								multimedia m	ess	saging servi	ice (MMS)	
	Operation ONLY if allowed	<u> </u>	0		0#:		- 4			O#: I-	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office	sough	nt			Office h	eia	
		_										
	Date		Payee name									
	09/15/2024		Peerly									
	Amount (\$)		Payee addres		State; Zip	Code	е					
	\$102.07		2232 Dell R	ange Blvd #287								
			Cheyenne, \	WY 82009								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(I	b)	Description				
	OF EXPENDITURE		peer-to-peer								nplete Schedule T.	
										officeholder living		
								multimedia m	CSS	sayırıy servi	ices (iviivis)	
	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name	Office	sough	ht			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/UIII(centituel Hallie	Onice	sougi	IL			Onice N	ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 44/79 Rpt: 64/99	Perez, Vinc	ent					00088039	
4	Date	5 Payee name							
	10/15/2024	Peerly							
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$102.07	2232 Dell R	ange Blvd #287						
		Cheyenne,	WY 82009						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	pee-to-peer	texting			=		de of Texas. Com officeholder living	
						multimedia m			
								3 3	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	10/21/2024	Peerly							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$359.82	2232 Dell R	ange Blvd #287						
		Cheyenne,	WY 82009						
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	peer-to-pee	r texting			=		de of Texas. Com officeholder living	
						multimedia m			
								3 3	
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	12/10/2024	Peerly							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$617.57	2232 Dell R	ange Blvd #287						
		Cheyenne,	WY 82009						
	PURPOSE OF	· ·	ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	peer-to-pee	r texting					de of Texas. Com	
						multimedia m		officeholder living saaina servi	
								.5 .5 50. 11	-/
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	Н							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/79 Rpt: 65/99	Perez, Vincent	00088039
4	Date	5 Payee name	
l	10/29/2024	Perez, Vincent	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,000.00	649 Londonderry Road	
l			
		El Paso, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
l	11/12/2024	Perez, Vincent	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	649 Londonderry Road	
l			
		El Paso, TX 79907	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense reimbursement
			i i i i i i i i i i i i i i i i i i i
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
F	Date	Payee name	
l	11/07/2024	Perez, Vincent	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$7,500.00	649 Londonderry Road	
l		•	
l		El Paso, TX 79907	
	PURPOSE		Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
H			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

se Travel in Distri se Travel Out of I s/Contract Labor OTHER (enter

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/79 Rpt: 66/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/13/2024	Perez, Vincent
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	649 Londonderry Road
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	09/06/2024	Pete's Dueling Piano
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.20	421 E 6th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/11/2024	Quorum Report
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	8407 1st St
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Subscription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newsletter subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee I	Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 47/79 Rpt: 67/99	Perez, Vince	nt					00088039	
4	Date	5 Payee name							
	12/10/2024	Resturant La	Morin						
6	Amount (\$)	7 Payee addres	s; City;	State; Zip C	ode				
	\$426.93	Blvd. Manue	l Gomez Morin 78	55					
		Ciudad Juar	ez, TX 32560						
8	PURPOSE OF		e Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bevera	ige Expense					de of Texas. Com officeholder living	plete Schedule T.
						meeting	, 17,	omeendaer nving	у схропос
						3			
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	-1							
	Date	Payee name							
	07/26/2024	SQ*GOKIM	DESIGN						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$200.00	3635 Domin	y Ln						
		#535							
		Fort Worth,	ΓX 76116						
	PURPOSE	(a) Category (See	e Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wa	ges/Contract Labo	r		=			plete Schedule T.
						graphic desig		officeholder living	g expense
						grape accig	,		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	4							
	Date	Payee name							
	08/03/2024	SQ*GOKIM	DESIGN						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$50.00	3635 Domin	y Ln						
		#535							
		Fort Worth,	TX 76116						
	PURPOSE	(a) Category (See	e Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wa	ges/Contract Labo	r					plete Schedule T.
						graphic desig		officeholder living	g expense
						grapine desig	,		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/O	4			-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/79 Rpt: 68/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/10/2024	SQ*GOKIM DESIGN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$425.00	3635 Dominy Ln
		#535
		Fort Worth, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense graphic design
		graphic design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2024	Sam`s
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	9498 gateway n. blvd
		el paso, TX 79924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		stamps
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/02/2024	SecurCare Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.26	9565 N Loop Dr.
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Storage Unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 49/79 Rpt: 69/99	Perez, Vincent 00088039	
4	Date	5 Payee name	
	08/03/2024	SecurCare Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$66.00	9565 N Loop Dr.	
		El Paso, TX 79907	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		storage unit	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	08/03/2024	SecurCare Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$66.00	9565 N Loop Dr.	
		El Paso, TX 79907	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		storage unit	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	Н	
	Date	Payee name	=
	10/02/2024	SecurCare Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.00	9565 N Loop Dr.	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense storage unit	
		Storage unit	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/79 Rpt: 70/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/02/2024	SecurCare Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	9565 N Loop Dr.
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		storage unit
_	Operation ONLY if allowed	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	12/02/2024	SecurCare Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	9565 N Loop Dr.
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage unit
		Storage unit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Para a sana
	Date	Payee name Seven Crand
	09/05/2024	Seven Grand
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.72	405 E 7th St.
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting
		meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel i Travel 0 ntract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 51/79 Rpt: 71/99	Perez, Vincent		00088039
4	Date	5 Payee name		·
	11/15/2024	Signia by Hilton Atlanta Georgia World Congres	ss C	enter
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$73.55	159 Northside Dr NW		
		Atlanta, GA 30313		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				meeting
				-
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	11/16/2024	Signia by Hilton Atlanta Georgia World Congres	ss C	enter
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$31.73	159 Northside Dr NW		
		Atlanta, GA 30313		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	11/17/2024	Signia by Hilton Atlanta Georgia World Congres	ss C	enter
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$271.97	159 Northside Dr NW		
		Atlanta, GA 30313		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				food while traveling
				- -
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	4		

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/79 Rpt: 72/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/12/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$322.98	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Austin
_	Computate ONII V if direct	Condidate/Office helds no years Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/02/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.59	201 Del Rio St.
		Ozona , TX 76943
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense gas
		guo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/07/2024	Sushi Junai Omakase
	Amount (\$)	
	\$97.19	Payee address; City; State; Zip Code 315 Congress Ave. #100
	Φ97.19	313 Congress Ave. #100
		A . (f T.V. 70704
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food.
Contributions/ Donations Made By Gift/A
Candidate/Officeholder/Political Committee Legal

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 53/79 Rpt: 73/99	Perez, Vincent	00088039					
4	Date	5 Payee name						
	10/26/2024	Taft Diaz						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$298.98	209 N Stanton St.						
		El Paso, TX 79901						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description					
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.					
	LAFLINDITORL		Check if Austin, TX, officeholder living expense					
		m	neeting					
_	Complete ONLY if direct	Condidate/Officeholder regree	Office held					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
_								
	Date	Payee name						
	09/20/2024	Target						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$21.64	2025 Guadalupe St. STE 01-100						
		Austin, TX 78705						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description					
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	11/18/2024	Target						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$11.01	2025 Guadalupe St. STE 01-100						
	·							
		Austin, TX 78705						
	PURPOSE		Description					
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Toda/Beverage Expense	Check if Austin, TX, officeholder living expense					
		fc	ood while traveling					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						

SCHEDULE F1

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

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

Fees Office Overhe
Food/Beverage Expense Polling Expen
Gift/Awards/Memorials Expense Printing Expen
Legal Services Salaries/Wago

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
L		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 54/79 Rpt: 74/99	Perez, Vincent 00088039				
4	Date	5 Payee name				
	11/19/2024	Target				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$59.53	2025 Guadalupe St. STE 01-100				
		Austin, TX 78705				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		food while traveling				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	experiorare to benefit C/OI					
	Date	Payee name				
	12/05/2024	Texas House Democratic Caucus				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,500.00	P.O. Box 12453				
		Austin, TX 78711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Category (See Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		dues				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	н				
	Date	Payee name				
	12/11/2024	Texas Realtors				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	1115 San Jacinto Blvd				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Advertising Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		fundraiser				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	H				

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food//
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/79 Rpt: 75/99	Perez, Vincent 00088039
4	Date	5 Payee name
	12/11/2024	Texas Realtors
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1115 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraising event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/11/2024	The Otis, Autograph Collection
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$104.85	1901 San Antonio St.
		Austin, TX 78705
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hotel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/12/2024	The Reagan
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$38.15	313 E Mills Ave
		El Paso, TX 79901
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting
		The carry
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 56/79 Rpt: 76/99	Perez, Vincent		00088039
4	Date	5 Payee name		
	10/26/2024	The Tap Bar & Resturant		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$114.18	408 E San Antonio		
		El Paso, TX 79901		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				meeting
_	0 1: 0.11.7.7.1.	0. 151. 107. 1.11	<u> </u>	0" 11
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
_				
	Date	Payee name		
	08/23/2024	The Texas Tribune		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$400.00	919 Congress Avenue, 6th floor		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Texas Tribune Festival
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held
	expenditure to benefit C/OI		3	
	Date	Payee name		
	08/23/2024	The Texas Tribune		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$50.00	919 Congress Avenue, 6th floor	Juc	
	400.00	0_0 000.g. 000 1 100.u.o, 0.11 1100.		
		Austin, TX 78701		
	PURPOSE		(b)	
	OF	(a) Category (See Categories listed at the top of this schedule) Subscription	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Subscription		Check if Austin, TX, officeholder living expense
				texas tribune memeber subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 57/79 Rpt: 77/99		Perez, Vincent		00088039
4	Date	5	Payee name		
	09/17/2024		USPS		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$85.00		880 N. Zaragoza Rd.		
			El Paso , TX 79907		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					P.O Box fee
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	09/06/2024		Uber		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$15.52		1515 3rd Street		
			San Francisco , CA 94158		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Uber Austin
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	09/07/2024		Uber		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$3.00		1515 3rd Street		
			San Francisco , CA 94158		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Austin
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mpl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 58/79 Rpt: 78/99	Perez, Vincent		00088039
4	Date	5 Payee name		
	09/07/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$7.90	1515 3rd Street		
		San Francisco , CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				uber austin
_	Complete ONII V if direct	Candidata/Officabaldar nama Offica co.	labt	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnı	Office held
	Date	Payee name		
	09/07/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$3.49	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				uber austin
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/18/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$23.94	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE		(h)	Deparintion
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or District		Check if Austin, TX, officeholder living expense
				Uber Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/79 Rpt: 79/99	Perez, Vincent 00088039
4	Date	5 Payee name
	09/19/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.59	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber Austin
		055.7 taban
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	09/19/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.94	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber Austin
	Occupate ONLY if alice at	On didn't 10ff asked day gaves
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	12/11/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.91	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		uber austin
_	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/79 Rpt: 80/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/13/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.99	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber in Austin
		Obel III Adstill
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
L	11/13/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.04	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber in Austin
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	11/14/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 61/79 Rpt: 81/99	Perez, Vincent 00088039	
4	Date	5 Payee name	
	11/14/2024	Uber	
6	Amount (\$) \$12.93	7 Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber in Austin	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/12/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.26	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber in Austin	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/12/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.99	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber in Austin	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 62/79 Rpt: 82/99	Perez, Vincent		00088039	
4	Date	5 Payee name	•		
	08/12/2024	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$4.03	1515 3rd Street			
		San Francisco , CA 94158			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	Travel Out of District	Check if travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE		Check if Austin, TX	K, officeholder living	expense
			Uber in Austin		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit Grot	'			
	Date	Payee name			
	08/12/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.95	1515 3rd Street			
		San Francisco , CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel Out of District	Check if travel outs	side of Texas. Com	plete Schedule T.
	EXPENDITORE		Check if Austin, TX	(, officeholder living	expense
			Uber in Austin		
	Operation ONLY # discort	Outstidets 10# as halden name		O#: I	.1.4
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	08/12/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.93	1515 3rd Street			
		San Francisco , CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel Out of District	Check if travel outs		
			Check if Austin, TX Uber in Austin	k, officenolaer living	expense
			CDCI III Auguili		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Office He	Ju

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 63/79 Rpt: 83/99	Perez, Vincent		00088039
4	Date	5 Payee name		-
	08/13/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$8.99	1515 3rd Street		
		San Francisco , CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Uber in Austin
_	Operation ONLY if the est	Out lide to 10th as balden as a second	.1-4	Office heald
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Int	Office held
_	·			
	Date	Payee name		
	08/13/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$6.52	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Uber in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	9	,	
	Date	Payee name		
	08/13/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	10	
	\$1.00	1515 3rd Street	i.e	
	Ψ1.00	1313 3rd Street		
		San Francisco , CA 94158		
		i	<i>.</i>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Uber in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

t/Reimbursement
(Rental Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 64/79 Rpt: 84/99	Perez, Vincent			00088039	
4	Date	5 Payee name		•		
	08/13/2024	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code	!			
	\$8.99					
		TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descrip	otion		
	OF EXPENDITURE	Travel Out of District	Chec	ck if travel outsid		plete Schedule T.
	LAI LINDITORE		_		officeholder living	gexpense
			Ober ii	n Austin		
_	Complete ONL V if direct	Candidate/Officeholder name Office sough	•		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/OI		ι		Office fie	eiu
L						
	Date	Payee name				
	08/14/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code	•			
	\$7.99	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)) Descrip			
	EXPENDITURE	Travel Out of District			de of Texas. Com officeholder living	plete Schedule T.
			_	n Austin	omeenoider iiving	у схропас
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	4				
	Date	Payee name				
	08/14/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$8.99	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE) Descrip	ntion		
	OF	Travel Out of District			de of Texas. Com	plete Schedule T.
	EXPENDITURE	Traver out or blouret	Chec	ck if Austin, TX,	officeholder living	g expense
			Uber ii	n Austin		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t		Office he	eld
	experientale to beliefft C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 65/79 Rpt: 85/99	Perez, Vincent 00088039		
4	Date	5 Payee name		
	09/29/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$21.94	1515 3rd Street		
		San Francisco , CA 94158		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Uber in Austin		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
ľ	expenditure to benefit C/O			
⊨	Date	Para and a second		
	09/30/2024	Payee name		
L		Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$24.96	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Uber in San Antonio		
┝	Complete ONLY if direct	Condidate/Officeholder name		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
┡	· 			
	Date	Payee name		
	11/17/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$15.27	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Uber in Austin		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
\vdash				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 66/79 Rpt: 86/99	Perez, Vincent	00088039	
4 Date	5 Payee name	<u>'</u>	
11/17/2024	Uber		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de	
\$40.93	1515 3rd Street		
	San Francisco , CA 94158		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Uber in Austin	
		25	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht Office held	
<u> </u>			
Date	Payee name		
11/18/2024	Uber		
Amount (\$)	Payee address; City; State; Zip Coo	de	
\$30.98	1515 3rd Street		
	San Francisco , CA 94158		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Uber in Austin	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held	
expenditure to benefit C/O			
Date	Payee name		
11/20/2024	Uber		
Amount (\$)	Payee address; City; State; Zip Coo	de	
\$14.92	1515 3rd Street		
*			
	San Francisco , CA 94158		
PURPOSE		(h) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense	
		Uber in Austin	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ht Office held	
experiulture to benefit G/OFI			

SCHEDULE F1

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

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

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 67/79 Rpt: 87/99	Perez, Vincent	00088039	
4	Date	5 Payee name		
	11/20/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$24.93	1515 3rd Street		
		San Francisco , CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel out of District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Uber in Dalla		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	1		
	Date	Payee name		
	11/20/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.20	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Traver out or District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Uber in Dalla		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/06/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2.51	1515 3rd Street		
		San Francisco , CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Traver out of District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Uber in Austi		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 68/79 Rpt: 88/99	Perez, Vincent	00088039
4	Date 11/07/2024	5 Payee name Uber	
6	Amount (\$) \$8.03	7 Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Uber in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/06/2024	Payee name Uber	
	Amount (\$) \$11.23	Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Uber in Austin
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/07/2024	Payee name Uber	
	Amount (\$) \$14.66	Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Uber in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 69/79 Rpt: 89/99	Perez, Vincent	00088039
4	Date	5 Payee name	
	12/07/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.35	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Der in Austin
		Š	Not III / Would
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	12/10/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.09	1515 3rd Street	
	410.00	1010 010 011001	
		San Francisco , CA 94158	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		ul ul	ber for guest
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/11/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.06	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			lber in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 70/79 Rpt: 90/99	Perez, Vincent	00088039
4	Date	5 Payee name	
L	12/11/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.09	1515 3rd Street	
		Con Francisco CA 04150	
Ļ	DUDDOOF	San Francisco , CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		check if Austin, TX, officeholder living expense
		uber	r in Austin
Ļ	Complete CNII V if direct	Constitute (Office health as no year	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Davies name	
	12/11/2024	Payee name Uber	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.51	1515 3rd Street	
		San Francisco , CA 94158	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Haver out of District	check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			r in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
L	11/14/2024	UberEats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.41		
		Austin , TX	
┡	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	cription theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	□ c	check if Austin, TX, officeholder living expense
		food	d while traveling
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/79 Rpt: 91/99	Perez, Vincent 00088039
4	Date	5 Payee name
	11/15/2024	UberEats
6	Amount (\$) \$27.62	7 Payee address; City; State; Zip Code Austin, TX
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/14/2024	UberEats
	Amount (\$) \$69.83	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	UberEats
	Amount (\$) \$43.71	Payee address; City; State; Zip Code
		San Antonio, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
Sch: 72/79 Rpt: 92/99	Perez, Vincent		00088039
4 Date	5 Payee name	•	
12/16/2024	UberEats		
6 Amount (\$) \$23.50	7 Payee address; City; State; Zip Co	de	
	Atlanta, GA		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense /eling
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
09/29/2024	United Airlines		
Amount (\$) \$398.25	Payee address; City; State; Zip Co 233 South Wacker Drive	de	
	Chicago , IL 60606		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
07/24/2024	Walgreens		
Amount (\$) \$8.22	Payee address; City; State; Zip Co N Zaragoza Rd.	de	
	El Paso, TX 79907		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 73/79 Rpt: 93/99	Perez, Vincent 00088039		
4	Date	5 Payee name		
	09/29/2024	Walgreens		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$54.14	300 E Hoston St.		
		San Antonio, TX 79907		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense		
		food while traveling		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	experiantare to benefit ere			
	Date	Payee name		
	11/19/2024	Wendy's		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.73	619 N Interstate Hwy 35		
		Austin, TX 78702		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense food while traveling		
		lood wille daveling		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
	Date	Payee name		
	11/21/2024	Wendy's		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$13.63	619 N Interstate Hwy 35		
		Austin, TX 78702		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense		
		food while traveling		
_	Operation ONE V. C. F.	On didn't lot for a series of the series of		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
	5.psd.a.c to 255.k 0/0/1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 74/79 Rpt: 94/99	Perez, Vincent 00088039		
4	Date	5 Payee name		
	09/07/2024	Westin Austin Downtown		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$45.89	310 E 5th St.		
		Austin, TX 78701		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		meeting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Date	Payee name		
	12/08/2024	bananarchy		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$8.72	1311 S 1st St		
	Ψ0.1 Δ	1311 3 13(3)		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense food while traveling		
		Took write thaveing		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	the state of the s		
_	Date	Davies name		
	12/07/2024	Payee name canteen vending & coffee services		
		-		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2.60	8801 Wall St #840		
		A		
		Austin, TX 78754		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		food while traveling		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	-1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 75/79 Rpt: 95/99	Perez, Vincent		00088039
4	Date	5 Payee name		
	12/07/2024	canteen vending & coffee services		
6	Amount (\$) \$2.60	7 Payee address; City; State; Zip Cod 8801 Wall St #840 Austin, TX 78754	е	
8	PURPOSE		b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	09/18/2024	hotwire		
	Amount (\$) \$163.74	Payee address; City; State; Zip Cod 222 Kearny Street Suite 400	е	
		San Francisco, CA 94108		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense hotel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
Г	Date	Payee name		
	12/07/2024	mongers kitchen		
	Amount (\$) \$141.08	Payee address; City; State; Zip Cod 4119 Guadalupe St	е	
		Austin, TX 78751		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 76/79 Rpt: 96/99	Perez, Vincent	00088039
4	Date	5 Payee name	•
l	09/06/2024	priceline	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$242.64	800 Connecticut Ave.	
l			
		Norwalk , CT 06854-1631	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol		Office field
⊨	<u> </u>		
l	Date	Payee name	
	11/14/2024	priceline	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.40	800 Connecticut Ave.	
l			
L		Norwalk , CT 06854-1631	
	PURPOSE OF	,	Description
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			hotel
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	07/27/2024	stamps.com	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$30.29	4301 bull creek road	
l			
		el paso, TX 78731	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			stamps site
dash	Operated ONE V. V. V.	Out distant 10ff out old out on a	Office I I I
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
dash			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 77/79 Rpt: 97/99	Perez, Vincent		00088039			
4	Date	5 Payee name		<u>'</u>			
	08/27/2024	stamps.com					
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le				
l	\$30.29	4301 bull creek road					
		el paso, TX 78731					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
				Stamp site			
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held			
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	09/27/2024	stamps.com					
H	Amount (\$)	Payee address; City; State; Zip Cod	le				
	\$30.29	4301 bull creek road					
		el paso, TX 78731					
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE			Check if Austin, TX, officeholder living expense stamp Site			
				stamp site			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held			
l	expenditure to benefit C/OI	9	,				
H	Date	Payee name					
l	10/26/2024	stamps.com					
┝	Amount (\$)	Payee address; City; State; Zip Cod	le.				
	\$29.28	4301 bull creek road					
		el paso, TX 78731					
⊢	PURPOSE		(b)	Description			
	OF EXPENDITURE	Fees	,	Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE			Check if Austin, TX, officeholder living expense			
				stamp site			
L	Complete ONLY if dies -t	Condidate/Officeholder neres	.b.t	Office hald			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held			
\vdash							

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 78/79 Rpt: 98/99	Perez, Vincent 00088039					
4	Date	5 Payee name	_				
	09/29/2024	wifionboard					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$8.00						
		TX					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		internet on flight					
9	Complete ONLY if direct	Condidate/Officeholder name Office pourly	_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L			_				
	Date	Payee name					
	11/15/2024	wifionboard					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$8.00						
		TX					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		wifi on flight					
		, and the second se					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI	1					
	Date	Payee name	=				
	12/12/2024	wifionboard					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$8.00						
		TX					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		wifi on flight					
L	0 1. 2		_				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 79/79 Rpt: 99/99		Perez, Vincent		00088039			
4	Date	5	Payee name		·			
	08/14/2024		wifionboard					
6	Amount (\$) \$12.00	7	Payee address; City; State; Zip C	Code				
Ļ	DUDDOCE	(-)		(6)	\			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel Out of District	(a)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wifi on flight			
9	Complete ONLY if direct expenditure to benefit C/Ol	Η (Candidate/Officeholder name Office so	ought	t Office held			
	Date		Payee name					
	11/18/2024		wifionboard					
	Amount (\$) \$8.00		Payee address; City; State; Zip C	Code				
			TX					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wifi on flight			
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ought	t Office held			