CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complete	this form.	1 Filer ID (Ethics Commit 00066066		2 Total pages filed: 57
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable C	Charles L.			Date Received
'"""					ELECTRONICALLY FILED
		AST		SUFFIX	07/08/2025
	F	erry			
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 94806				
ADDRESS					Receipt # Amount
Change of Address	Lubbock, TX 79493				
	Lubbock, 17, 79495				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER		RST		MI	
NAME	Mr. G	ary			
	NICKNAME LA	AST		SUFFIX	
	S	wann			
6 CAMPAIGN	STREET ADDRESS (NO PO BO	DX PLEASE);	AP	r / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	PO Box 53730				
ADDRESS					
(Residence or Business)	Lubbock, TX 79453				
	Lubbock, 17, 73433				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION		
TREASURER PHONE	(806) 794-3344 x106				
PHONE					
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		Other transfer and			appointment (officeholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T	DOLLOLI	Month Day	Year -
COVERED	01/01/2025	IH	ROUGH	06/30/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_
	Month Day Year	│ ∐ ^{Pr}	rimary	Runoff	Other
		G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Senator District 28			State Senator Dis	
	GO TO PAGE 2				
1					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 57

		he candidate's or officeh	older's knowledge or
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL			
	COMMITTEE ADDRESS		
SPECIFIC			
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
			_
OR GUARANTE			\$ 0.00
		i)	\$ 27,500.00
3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$ 0.00
4. TOTAL POLITIC	AL EXPENDITURES		\$ 91,710.09
		AST DAY OF THE	\$ 1,835,374.68
		OF THE LAST DAY	\$ 0.00
	The Hono	rable Charles L. Perry	,
ARY STAMP / SEAL ABO	OVE		
ibed before me, by the sa	aid	, this the	day
er administering	Printed name of officer administering	Title of officer a	administering oath
	COMMITTEE TYPE GENERAL SPECIFIC SPECIFIC 1. TOTAL UNITEMI OR GUARANTEE COTHER THAN POLITIC. TOTAL PRINCIP. OF THE REPORT ARY STAMP / SEAL ABOUT THE REPORT SIDE OF THE REPORT ARY STAMP / SEAL ABOUT THE REPORT STAMP / SEAL ABOUT THE REPORT TOTAL PRINCIP. OF THE REPORT	COMMITTEE TYPE GENERAL COMMITTEE NAME GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTORY (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LIRED POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LIRED PORTING PERIOD 1 SWEAR, or affirm, under penalty true and correct and includes at under Title 15, Election Code. The Hono Signature of ARY STAMP / SEAL ABOVE sibed before me, by the said, 20, to certify which, witness my hand and seal of office.	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the according to the property of the period of the control of the con

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 57
I	ER NAN	(Ethics	Commission Filers)		
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	73,176.30
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	18,533.79
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	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 4/57		
2	FILER NAME Perry, Charl	es L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00066066		
4	4 Date 06/30/2025 5 Full name of contributor out-of-state PAC (ID#:) Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$10,000.00			
		Austin, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Texans for Truth and Liberty PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00			
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Valero PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00		
	Principal occu	San Antonio, TX 78269 upation / Job title (See Instructions)	Employer (See Instructions				
	- ППСІраї оссі	pation 7 300 title (See instructions)	Employer (See instructions	5)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$) \$5,000.00		
	Principal occu Real Estate	ipation / Job title (See Instructions)	Employer (See Instructions Self	s)			

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: 1/26 Rpt: 5/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/06/2025	Abilene Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 2281
		Abilene, TX 79604
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chamber Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/10/2025	Anson Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	PO Box 351
		Anson, TX 79501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davisa nama
	04/25/2025	Payee name Arnold, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	7809 Valburn Drive
	7=20.00	
		Austin, TX 78731
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		T-Shirts
	Complete ONLY if direct expenditure to benefit C/Ol	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 (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: 2/26 Rpt: 6/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	04/29/2025	Arnold, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	7809 Valburn Drive
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		T-shirts
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Berry Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
	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 Campaign Management Service
		Campaign Management Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/01/2025	Payee name Berry Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Management Service
	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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/26 Rpt: 7/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/01/2025	Berry Communications, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Management Service
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	Berry Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Management Service
		Campaign Management Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	05/01/2025	Payee name Berry Communications, LLC
		<u> </u>
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1014 W Milton Ave.
	Φ2,000.00	1014 W WIII(OH AVE.
		Auglia TV 70704
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Management Service
	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 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	e this form.
1	Total pages Schedule F1: Sch: 4/26 Rpt: 8/57	FILER NAME Perry, Charles L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066066
4	Date 06/09/2025	5 Payee name Berry Communications, LLC	-
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1014 W Milton Ave. Austin, TX 78704	
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Management Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/01/2025	Payee name Brady/McCullock Chamber of Commerce	
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 101 E. 1st Street Brady, TX 76825	
	PURPOSE OF EXPENDITURE	Dues and Subscriptions	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/06/2025	Payee name Brownfield Chamber of Commerce	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 152	
		Brownfield, TX 79316	
	PURPOSE OF EXPENDITURE	Dues and Subscriptions	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber Dues
	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 Comm

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: 5/26 Rpt: 9/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	02/18/2025	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,117.17	PO Box 94014
		Palatine, IL 60094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	03/18/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,411.24	PO Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/17/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,403.35	PO Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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: 6/26 Rpt: 10/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	05/16/2025	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,294.61	PO Box 94014
		Palatine, IL 60094
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	06/17/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,396.09	PO Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVENDITUE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,689.35	PO Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Complete ONII V if alias -t	Condidate/Officeholder name Office county
	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

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: 7/26 Rpt: 11/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	06/10/2025	Childress Theatre Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	206 N. Main Street
		Childress, TX 79201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flag Service Dues
		Tidy Service Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/17/2025	Early Learning Centers of Lubbock
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1639 Main Street
		Lubbock, TX 79401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/14/2025	Eden Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	120 Paint Rock Road
		Eden, TX 76837
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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: 8/26 Rpt: 12/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/31/2025	First Bank & Trust
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
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
		Bank Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	02/28/2025	Payee name First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	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
		Bank Service Charge
		25 25
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dove name
	03/31/2025	Payee name First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	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
		Bank Service Charge
	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: 9/26 Rpt: 13/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	04/30/2025	First Bank & Trust
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
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 Bank Service Charge
		Daint Corvios Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pavee name
	05/31/2025	First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	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.
	ZAI ZAISTONZ	Check if Austin, TX, officeholder living expense Bank Service Charge
		Bank Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	06/10/2025	Foster, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.42	16940 FM 268
		Childress, TX 79201
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense Travel Reimbursement
		Traver Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 10/26 Rpt: 14/57	2 FILER NAME Perry, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066066
4	Date	5 Payee name
	06/13/2025	Foster, Jennifer
6	Amount (\$) \$384.67	7 Payee address; City; State; Zip Code 16940 FM 268 Childress, TX 79201
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 Travel Reimbursement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Habitat for Humanity
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2910 Ave. N
		Lubbock, TX 79411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Charitable Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Lubbock Area Republican Women
_		·
	Amount (\$)	
	\$150.00	P.O. Box 6315
		Lubbock, TX 79493
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship
	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 Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of 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: 11/26 Rpt: 15/57 Perry, Charles L. (The Honorable) 00066066 4 Date Payee name 05/09/2025 Lubbock Area Republican Women 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P.O. Box 6315 Lubbock, TX 79493 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/09/2025 Lubbock County Republican Party Amount (\$) Payee address; City; State; Zip Code \$5,000.00 1001 Main Street, Ste 208 Lubbock, TX 79401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2025 Lubbock County Republican Party Amount (\$) Payee address: City: State; Zip Code \$5,000.00 1001 Main Street, Ste 208 Lubbock, TX 79401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship 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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 12/26 Rpt: 16/57		Perry, Charl	es L. (The Hon	orable)					00066066		
4	Date	5	Payee name									
	02/28/2025		Lubbock Me	als on Wheels								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		2304 34th S	treet								
			Lubbock, TX	< 79411								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sched	dule)	(b)	Description				
	OF EXPENDITURE	` `		s/Donations Ma		adic)		_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Pol	itical Commit	tee		_		officeholder livin	g expense	
								Charitable Do	ona	tion		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	06/26/2025		Lubbock Se	niorLink								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$750.00		3413 61st S	treet								
			Lubbock, TX	< 79413								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Advertising					=			nplete Schedule T.	
	-							Magazine Ad		officeholder livin	g expense	
								Magazine 7 ta	VCI	uscilicit		
_	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janara actor Onne	seriolaei riame	O.		giit			01110011	old	
_	Date		Davisa nama									
	02/14/2025		Payee name	nty Chamber of	Commerce							
						7:n Co	ما م					
	Amount (\$) \$25.00		Payee addres		State;	Zip Co	ae					
	Φ25.00		100 FULL IVIC	Kavitt Street								
			N 4	70050								
			Mason, TX			-						
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Dues and S	ubscriptions				브		officeholder livin		
								Chamber Due				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
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 Salarice Magnet/Contract Labor

n Filers)
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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: 14/26 Rpt: 18/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/07/2025	Nurturing Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3303 66th Street
		Lubbock, TX 79413
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.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Sponsorship
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2025	Parks, Andrew (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,057.23	665 N Bagdad
		Apt #5107
		Leander, TX 78641
_	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
		Travel Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	Perry , Charles (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.68	11003 Quaker Ave.
		Lubbock, TX 79424
	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 Travel Reimbursement
		Have Reimbursement
\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 Candidate/Officeholder/Political Committee

Fees C
Fees C
Food/Beverage Expense F
Gift/Awards/Memorials Expense F
Lenal Services F

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 15/26 Rpt: 19/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	06/13/2025	Perry , Charles (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$523.30	11003 Quaker Ave.
		Lubbock, TX 79424
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
		Travel Reimbursement
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2025	Plainview Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1906 W. 5th
		Plainview, TX 79073
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	_
	Date	Payee name
	01/08/2025	SPAW Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	Room 2E.22 - Capitol Bldg
		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
		Session Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)	
	Sch: 16/26 Rpt: 20/57	Perry, Charles L. (The Honorable)	00066066	
4	Date	5 Payee name		
L	01/23/2025	SPAW Senate Account		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$125.00	Room 2E.22 - Capitol Bldg		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense	de of Texas. Complete Schedule T.	
		Session Meals	officeholder living expense	
		Cossisti Micuis		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
	Date	Payee name		
	04/30/2025	SPAW Senate Account		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$165.00	Room 2E.22 - Capitol Bldg		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense	de of Texas. Complete Schedule T.	
			officeholder living expense	
		Session Meals		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	U	Siliot Hold	
\vdash	Date	Payon namo		
	05/26/2025	Payee name SPAW Senate Account		
	Amount (\$)			
	\$361.25	Payee address; City; State; Zip Code Room 2E.22 - Capitol Bldg		
	ФЭОТ.25	1.00111 ZE.ZZ - Capitol Blug		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense	de of Texas. Complete Schedule T.	
	ZA ENDITORE		officeholder living expense	
		Session Meals		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	U	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 17/26 Rpt: 21/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/21/2025	San Angelo Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	418 W. Ave B
		San Angelo, TX 76903
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 Luncheon Tickets
		Luncheon Tickets
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	San Angelo Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	418 W. Ave B
		San Angelo, TX 76903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Banquet Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/19/2025	Serve Lubbock
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2109 Broadway
		Lubbock, TX 79401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Charitable Donation
		Chanable Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/26 Rpt: 22/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/17/2025	South Plains Food 2 Kids
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1302 Adrian Street
		Lubbock, TX 79403
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/14/2025	Tepper, Claudia
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3105 Ranch Ave
		Wolfforth, TX 79382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	03/14/2025	Payee name Tepper, Claudia
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 3105 Ranch Ave
	φ50.00	S105 Raildi Ave
		W W TV 7000
		Wolfforth, TX 79382
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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	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: 19/26 Rpt: 23/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/02/2025	Tepper, Robin (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3105 Ranch Ave
		Wolfforth, TX 79382
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Contract Labor
		Campaign Contract Laso.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/01/2025	Tepper, Robin (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3105 Ranch Ave
		Wolfforth, TX 79382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Laso.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/01/2025	Tepper, Robin (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3105 Ranch Ave
		Wolfforth, TX 79382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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: 20/26 Rpt: 24/57	Perry, Charles L. (The Honorable)		00066066
4	Date	5 Payee name		-
	04/04/2025	Tepper, Robin (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$500.00	3105 Ranch Ave		
		Wolfforth, TX 79382		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	-	[Check if Austin, TX, officeholder living expense
			(Campaign Contract Labor
_	0 1: 01:14 7 1			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	·			
	Date	Payee name		
	05/01/2025	Tepper, Robin (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$500.00	3105 Ranch Ave		
		Wolfforth, TX 79382		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Campaign Contract Labor
				Campaign Contract Last.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	9		
	Date	Payee name		
	06/09/2025	Tepper, Robin (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	3105 Ranch Ave		
	φου.ου	0100 Nation / We		
		Wolfforth, TX 79382		
	DUDDOOF			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	ו (מ 1	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/Wages/Contract Labor	ļ	Check if Austin, TX, officeholder living expense
			-	 Campaign Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	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/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: 21/26 Rpt: 25/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	06/13/2025	Tepper, Robin (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.25	3105 Ranch Ave
		Wolfforth, TX 79382
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
		Travel Reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/11/2025	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	919 Congress Ave.
		Suite 450
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues and Subcriptions Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Pouro nama
	02/06/2025	Payee name Texas Conservative Coalition
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 919 Congress Ave.
	φ2,000.00	Suite 450
		Austin, TX 78701
	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	Dues and Subscriptions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	<u> </u>

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	<u> </u>							
	Sch: 22/26 Rpt: 26/57	Perry, Charles L. (The Honorable) 00066066							
4	Date	Payee name							
	01/14/2025	Texas Federation of Republican Women							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$150.00	13740 N. Hwy. 183							
		Suite J4							
		Austin, TX 78750							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Sponsorship							
_	0 1 0 0 1 1 1 1								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	<u> </u>								
	Date	Payee name							
	01/14/2025	Texas Federation of Republican Women							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	13740 N. Hwy. 183							
		Suite J4							
		Austin, TX 78750							
	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 Sponsorship							
		Sportsorship							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
	Date	Payee name							
	05/09/2025	Texas Federation of Republican Women							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,500.00	13740 N. Hwy. 183							
	41,000.00	Suite J4							
		Austin, TX 78750							
	DUDDOCE								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Sponsorship							
	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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 23/26 Rpt: 27/57	Perry, Charles L. (The Honorable) 00066066							
4	Date	Payee name							
	05/15/2025	Texas House of Representatives							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$324.75	PO Box 2910							
		Austin, TX 78768-2910							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Flags							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	01/27/2025	Texas Senate							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$156.00	PO Box 12068							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Calendars							
		Calendars							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
	Date	Payee name							
	04/24/2025	Texas Senate							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$628.42	PO Box 12068							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Gavels							
	Operation ONE VIII I	Openhalte Office health and a second of the							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	,								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi 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	
-	Total pages Cabadala Ed	<u> </u>
1	Total pages Schedule F1: Sch: 24/26 Rpt: 28/57	2 FILER NAME Perry, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066066
4	Date	5 Payee name
7	06/04/2025	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	110 E 9th Street
		Austin, TX 78701
8	PURPOSE	1
°	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
		Staff Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	06/10/2025	Tubbs, Geanna (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.43	10613 Toledo Ave.
		Lubbock, TX 79424
	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 Travel Reimbursement
		Traver Reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2025	Tubbs, Geanna (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.71	10613 Toledo Ave.
		Lubbock, TX 79424
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Travel Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
l		

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)
l	Sch: 25/26 Rpt: 29/57	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/02/2025	Vernon Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$55.00	1614 Main St.
l		
		Vernon, TX 76384
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Dues and Subscriptions (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantire to benefit G/O	<u> </u>
	Date	Payee name
	01/08/2025	Walk by Faith Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2709 Marshall Street
		Lubbock, TX 79415
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable Contribution
		Charlable Contribution
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
H	Date	Payee name
	05/21/2025	Warren Wildlife Gallery
⊢	Amount (\$)	
	\$150.00	Payee address; City; State; Zip Code 1401 Bouldin Ave
l	Ψ130.00	1401 Bouldin / WC
l		Austin, TX 78704
	DUDD005	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Retreat
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

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

	Candidate/Officeholder/Politica		Legal Services			s/Contract Labor		OTHER (enter a	a category not listed above)
	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: 26/26 Rpt: 30/57	Perry,	Charles L. (The Ho	norable)				00066066	
4	Date	5 Payee	name						
(04/11/2025	l	ta Falls Chamber of	Commerce					
6	Amount (\$)	7 Payee	address; City;	State; Zip (Code				
	\$149.00	900 8	th Street						
		Suite	100						
		 Wichi	ta Falls, TX 76301						
8	PURPOSE				(b)	Description			
ľ	OF		ory (See Categories listed a and Subscriptions	it the top of this schedule)	(")	:	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	5400	and Cabbonphone					officeholder livin	g expense
						Chamber Due	es		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Office so	ought			Office h	eld
	experiditure to benefit C/Oi	1							
	Date	Payee	name						
(06/10/2025	de Co	rdova, Cheryl						
-	Amount (\$)	Payee	address; City;	State; Zip (Code				
	\$104.42	3109	Oak Mountain Trail						
		San A	ngelo, TX 76904						
	PURPOSE	(a) Catego	Ory (See Categories listed a	at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Trave	Out of District						nplete Schedule T.
	-					Travel Reimb		officeholder livin	g expense
						Traverrening	uis	Cilicit	
<u> </u>	Complete ONLY if direct	Candida	ate/Officeholder name	Office so	l			Office h	eld
	expenditure to benefit C/OI			5 55 50	, ag			000	o.u
	Date	Payee	nama						
	06/16/2025	1	ordova, Cheryl						
	Amount (\$)		address; City;	State; Zip (`odo				
<i>'</i>	\$473.96	1 ′	Oak Mountain Trail	State, Zip C	Joue				
	Ψ-70.30	0103	Oak Wountain Trail						
		San A	ngelo, TX 76904						
	BUBBOOK				100				
	PURPOSE OF		Ory (See Categories listed a	at the top of this schedule)	(a)	Description Check if travel	outsi	de of Texas, Con	nplete Schedule T.
	EXPENDITURE	Have	I Out of District			ш		officeholder livin	
						Travel Reimb	urs	sement	
	Complete ONLY if direct		ate/Officeholder name	Office so	ought			Office h	eld
L '	expenditure to benefit C/OI				_		_		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 1/27 Rpt: 31/57	Perry, Charles L. (T	he Honorable)			00066066				
4	CREDIT CARD ISSUER		ncial institution ase	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/09/2025	(c) Date(s) 02/18/20	Credit Card Issue 25	er Paid				
7	PAYEE	(a) Payee name SovereignLove Chu	ırch	(b) Payee 110 W P	rate Ave	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (b) Description			v, TX 75604 otion e Donation					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$278.22	(b) Date of Charge 01/10/2025	(c) Date(s) 02/18/20	Credit Card Issue 25	er Paid				
PAYEE (a		(a) Payee name Constant Contact			address; pelo Road , MA 02451	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign Email						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 02/04/2025	(c) Date(s) 03/18/20) Credit Card Issue 25	er Paid				
	PAYEE (a) Payee name SovereignLove Church PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Payee 110 W P		City,	State,	Zip Code			
			(b) Descrip Charitable	e Donation	office hold - " " " " "					
\vdash	Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Crieck if Austin, TX	office held	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	Thank Office	o oodgiit		Office ficia				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Officeriolder/Folitica		ruction Guide explains how	•	TILK (eliter a category li	ot listeu at	Jove)				
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	3 Filer ID (Ethics Commission Filers)						
Sch: 2/27 Rpt: 32/57	Perry, Charles L. (T	he Honorable)		00066066						
4 CREDIT CARD ISSUER	Name of finan	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$93.33	(b) Date of Charge 02/15/2025	(c) Date(s) Credit Card Issuer 03/18/2025	Paid						
7 PAYEE	(a) Payee name Whataburger		(b) Payee address; 6414 82nd Street Lubbock, TX 79424	City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE X Political	POSE OF (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Meal						
Non-Political	(*)	of Texas. Complete Schedule T.		officeholder living expens	se					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$54.64	(b) Date of Charge 02/19/2025	(c) Date(s) Credit Card Issuer 03/18/2025	[*] Paid						
PAYEE	(a) Payee name Chili's Grill & Bar		(b) Payee address; 8008 Cedar Springs Rd Dallas, TX 75235	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper		(b) Description Meal							
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$295.85	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issuer 04/17/2025	· Paid						
PAYEE	PAYEE (a) Payee name HEB PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Payee address; 2400 S. Congress Ave. Austin, TX 78704	City,	State,	Zip Code				
EXPENDITURE X Political			(b) Description Office Supplies							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 3/27 Rpt: 33/57	Perry, Charles L. (1	The Honorable)			00066066					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged		Credit Card Issue	r Paid						
	\$278.22	\$278.22 03/10/2025		25						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
	Constant Contact		1601 Trap	pelo Road						
				MA 02451						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
X Political	Office Overhead/Ren	•	Campaigi	п Етан						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$258.49	(b) Date of Charge 01/02/2025	(c) Date(s) 02/18/202	Credit Card Issuer 25	r Paid					
PAYEE	(a) Payee name	(b) Payee a	address;	City,	State,	Zip Code				
	Mardel's		7020 Quaker Ave.							
		Lubbock, TX 79424								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Devotionals							
X Political		·								
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					
PAYMENT	(a) Amount Charged \$229.66	(b) Date of Charge 01/07/2025	(c) Date(s) 02/18/202	Credit Card Issuel 25	r Paid					
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code			
	LIED		2400 S. C	Congress Ave.						
	HEB									
			Austin, TX 78704							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Office Overhead/Ren		Office Su	ppiles						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held					
experiorare to benefit C/OH	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 4/27 Rpt: 34/57	Perry, Charles L. (T	he Honorable)			00066066			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$8.32	(b) Date of Charge 01/10/2025	(c) Date(s) 02/18/20) Credit Card Issuei 125	Paid			
7	PAYEE	(a) Payee name Office Max		(b) Payee 6805 Slid		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	ption				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$204.99	(b) Date of Charge 01/13/2025	(c) Date(s) 02/18/20) Credit Card Issuei 125	Paid			
	PAYEE (a) Payee name Texas Chili Parlour			(b) Payee 1409 Lav Austin, T	aca Street	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$191.23	(b) Date of Charge 02/04/2025	(c) Date(s) 03/18/20) Credit Card Issuei 025	[*] Paid			
	PAYEE	(a) Payee name HEB		(b) Payee 2400 S. (Austin, T	Congress Ave.	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tal Expense	(b) Descrip Office Su	upplies				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 5/27 Rpt: 35/57	Perry, Charles L. (T	The Honorable)	00066066						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$60.88	(b) Date of Charge 02/04/2025	(c) Date(s) 0 03/18/202	Credit Card Issuer 5	r Paid				
7	PAYEE	(a) Payee name Texas Chili Parlour		(b) Payee at	ca Street	City, State, Zip Coo				
Ļ	DUDDOOF OF	(a) Catagony		Austin, TX						
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense Meal			on					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$49.06	(b) Date of Charge 02/14/2025	(c) Date(s) 0 03/18/202	Credit Card Issuer 5	r Paid				
Г	PAYEE	(a) Payee name	(b) Payee a	ddress;	City,	State,	Zip Code			
		Chick-fil-a		5217 82nd						
L				Lubbock, 7						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Descripti Meal	on					
	X Political Non-Political	() T			-					
┝		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$12.99	(b) Date of Charge 02/19/2025	(c) Date(s) (03/18/202	Credit Card Issuer 5	r Paid				
	PAYEE	(a) Payee name		(b) Payee at 2001 Post		City,	State,	Zip Code		
	Hilton			Houston, TX 77056						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Travel	on					
	X Political	Traver Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 6/27 Rpt: 36/57	Perry, Charles L. (T	he Honorable)			00066066				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$				
6	PAYMENT	(a) Amount Charged \$12.80	(b) Date of Charge 02/19/2025	(c) Date(s) 03/17/20	Credit Card Issue 25	er Paid				
7	PAYEE	(a) Payee name JW Marriott San Antonio Resort & (b) Payee address; 23808 Resort Pkwy San Antonio, TX 78261			City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T>	ζ, officeholder living exp	oense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$411.68	(b) Date of Charge 02/20/2025	(c) Date(s) 04/17/20	Credit Card Issue 25	er Paid				
PAYEE (a) Payee name The Otis Hotel				n Antonio Street	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Austin, TX 78705 (b) Description Lodging						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	ζ, officeholder living exp	oense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$8.65	(b) Date of Charge 02/24/2025	(c) Date(s) 04/17/20	Credit Card Issue 25	er Paid				
	PAYEE	USPS Singer 4901 S		(b) Payee Singer Si 4901 S L Lubbock	ation	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tal Expense	(b) Descrip Postage	_					
\vdash	Non-Political	(*) —	of Texas. Complete Schedule T.	o cought	Check if Austin, TX	Office hold	oense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	паше ОПІС	e sought		Office held				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Officeriolide//Folitic	ŭ	ruction Guide explains how	-	THER (effici a category i	ioi iisteu ai	oove)
1 Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 7/27 Rpt: 37/57	Perry, Charles L. (T	he Honorable)		00066066		,
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$78.75	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuel 02/18/2025	r Paid		
7 PAYEE	(a) Payee name Post Area Chamber	r of Commerce	(b) Payee address; PO Box 610 Post, TX 79356	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Chamber Luncheon Ticke	ets		
Non-Political	1 (*) L	of Texas. Complete Schedule T.		officeholder living expen	se	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$128.78	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer 02/18/2025	r Paid		
PAYEE	(a) Payee name HEB		(b) Payee address; 2400 S. Congress Ave. Austin, TX 78704	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$58.93	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issuer 02/18/2025	r Paid		
PAYEE	(a) Payee name Office Max		(b) Payee address; 6805 Slide Road Lubbock, TX 79424	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies			
Non-Political	1 1 7 –	of Texas. Complete Schedule T.		officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						
1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete this	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 8/27 Rpt: 38/57	Perry, Charles L. (T	The Honorable)			00066066		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI [*]	UNITEMIZED TURES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$65.10	(b) Date of Charge 01/12/2025	(c) Date(s) C 02/18/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name Pappadeaux		(b) Payee ad 6319 I-35 N Austin, TX	lorth	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meal				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$149.37	(b) Date of Charge 01/15/2025	(c) Date(s) C 02/18/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Nestle		(b) Payee ad 1812 N Mod Rosslyn, V	ore Street	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supp	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$21.70	(b) Date of Charge 01/27/2025	(c) Date(s) C 03/18/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Starbucks		(b) Payee address; City, State, 5110 98th Street Lubbock, TX 79424				Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Coffee				
Non-Political					officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officeholder/Politica			alaries/Wages/Co		OTHER (enter a cate	gory not listed al	oove)
	The Insti	ruction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 9/27 Rpt: 39/57	Perry, Charles L. (T	he Honorable)			00066066		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED	I .		
ISSUER	see pi	revious		DITURES SED TO A CREDI	__ \$		
	·		CARD	DED TO A CICEDI	'		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$156.97	03/12/2025	04/17/20	25			
	4200.01	00/12/2020					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			8004 Qu	aker Ave			
	Grayce Floral						
			Lubbock,	TX 79424			
8 PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Flowers				
X Political	Gill/Awarus/Memorial	s Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	(, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid		
	\$259.58	03/15/2025	04/17/20	25			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			7020 Qua	aker Ave.			
	Mardel's						
			Lubbock,	TX 79424			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descrip				
EXPENDITURE	Gift/Awards/Memorial		Devotion	als			
X Political		- 1					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T>	K, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid		
	\$221.91	04/07/2025	05/16/20	25			
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Greene's Florist		701 N Ma	ain Street			
	Orecine 3 i ionst						
	() 0 :		_	ord, TX 76086			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	วนปา			
<u> </u>	Gift/Awards/Memorial		Flowers				
X Political							
Non-Political	<u>` ' </u>	of Texas. Complete Schedule T.		Check if Austin, T>	C, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Onicendiden/Folitica		uction Guide explains how	-	THEN (enter a category not liste	eu above)	
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Comr	mission Filers)	
Sch: 10/27 Rpt: 40/57	Perry, Charles L. (T	he Honorable)		00066066		
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$278.22	(b) Date of Charge 05/10/2025	(c) Date(s) Credit Card Issuel 06/17/2025	r Paid		
7 PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road	City, Stat	e, Zip Code	
0. PURPOSE OF	(a) Catagony		Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		(b) Description Campaign Email			
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			e sought	Office held		
PAYMENT	(a) Amount Charged \$307.50	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issue 06/17/2025	r Paid		
PAYEE	(a) Payee name HEB		(b) Payee address; 2400 S. Congress Ave.	City, Stat	e, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		Austin, TX 78704 (b) Description Office Supplies			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$35.99	(b) Date of Charge 05/19/2025	(c) Date(s) Credit Card Issue 06/17/2025	r Paid		
PAYEE	(a) Payee name Alonti Cafe & Cateri	ing	(b) Payee address; 3421 W William Cannon I Suite 115 Austin, TX 78745	City, Stat Dr.	e, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper	•	(b) Description Meal			
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	to complete this form.	OTTLK (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethio	s Commis	sion Filers)
	Sch: 11/27 Rpt: 41/57	Perry, Charles L. (T	he Honorable)		00066066		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	ED \$		
6	PAYMENT	(a) Amount Charged \$240.29	(b) Date of Charge 05/24/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
7	PAYEE	(a) Payee name Central Market		(b) Payee address; 4001 N. Lamar Blvd. Austin, TX 78756	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description Food			
	Non-Political	(*)	of Texas. Complete Schedule T.		TX, officeholder living exp	ense	
9	· —	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$206.61	(b) Date of Charge 06/25/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
	PAYEE	(a) Payee name HEB		(b) Payee address; 2400 S. Congress Ave	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, TX 78704 (b) Description Office Supplies			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$126.54	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Iss 06/30/2025	suer Paid		
	PAYEE	(a) Payee name ALoft Hotel		(b) Payee address; 5415 Westheimer Road Houston, TX 77056	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging			
L	Non-Political	1	of Texas. Complete Schedule T.		TX, officeholder living exp	ense	
e	Complete ONLY if direct comple						
ĺ							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 12/27 Rpt: 42/57	Perry, Charles L. (T	The Honorable)				00066066		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	NDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$167.70	(b) Date of Charge 01/24/2025	(c) Date(s 03/18/20		redit Card Issuer	Paid		
7	PAYEE	(a) Payee name HEB		(b) Payee 2400 S.	Co	ngress Ave.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Office Supplies					
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held				
L	·	(-) A Ob	(h) Data at Ohama	(-) D -+- (-)	\ <u></u>		D-14		
	PAYMENT	(a) Amount Charged \$74.73	(b) Date of Charge 02/06/2025	03/18/20		redit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Kerby Lane Cafe		(b) Payee 3003 So Austin, T	uth	n Lamar	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descri					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Г	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$778.01	(b) Date of Charge 02/10/2025	(c) Date(s) 03/18/20		redit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Alonti Cafe & Cater	ing	(b) Payee 3421 W Suite 11! Austin, T	Wi 5	lliam Cannon D	City, Or.	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Event Expense	,	(b) Description Catering					
				o cought	L	Check if Austin, TX,	officeholder living exp Office held	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sougni			Office field		
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule	F4: 2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 13/27 Rpt: 43	Perry, Charles L. (1	Γhe Honorable)		00066066							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$278.22	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issuel 03/18/2025	r Paid							
7 PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road	City,	State,	Zip Code					
8 PURPOSE OF	(a) Category		Waltham, MA 02451 (b) Description								
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Ren		Campaign Email								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if dir	ect Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C	C/OH										
PAYMENT	(a) Amount Charged \$129.05	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issuel 03/18/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Nestle		1812 N Moore Street								
			Rosslyn, VA 22209								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office Supplies								
Non-Political	<u> </u>		<u> </u>								
	(1)	of Texas. Complete Schedule T.	e sought	Office held	ense						
Complete ONLY if dir expenditure to benefit C	:/OH										
PAYMENT	(a) Amount Charged \$1,208.88	(b) Date of Charge 02/19/2025	(c) Date(s) Credit Card Issuel 03/18/2025	r Paid							
PAYEE	(a) Payee name Holiday Motor Coa	ch LLC	(b) Payee address; 910 US 62 Frontage Road Wolfforth, TX 79382	City, d	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	SE OF (a) Category (b) Description Output (See Categories listed at the top of this schedule) Travel Out of District (b) Description Transportation Rental										
				officeholder living exp	ense						
Complete ONLY if dir expenditure to benefit C	e sought	Office held									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 14/27 Rpt: 44/57	Perry, Charles L. (T	he Honorable)			00066066		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$228.06	(b) Date of Charge 02/24/2025	(c) Date(s) 04/17/20) Credit Card Issuei 125	Paid		
7	PAYEE	(a) Payee name HEB			Congress Ave.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Austin, T (b) Descrip Office Su	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	nditure to benefit C/OH			Office held			
	PAYMENT	(a) Amount Charged \$233.77	(b) Date of Charge 02/26/2025	(c) Date(s) 04/17/20) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name (b) Payee address; 135 W Twohig Ave. Suite E San Angelo, TX 76903			City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$12.88	(b) Date of Charge 03/21/2025	(c) Date(s) 05/16/20) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name P Terry's		(b) Payee 204 W B Austin, T	en White Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Descrip Meal	otion			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder in					ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 15/27 Rpt: 45/57	Perry, Charles L. (T	he Honorable)				00066066		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	NDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$350.44	(b) Date of Charge 03/28/2025	(c) Date(s 05/16/20		redit Card Issuer	Paid		
7	PAYEE	(a) Payee name Mardel's		(b) Payee 7020 Qu Lubbock	ıak	er Ave.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri	ptic	on			
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH		T	T					
	PAYMENT	(a) Amount Charged \$294.22	(b) Date of Charge 03/30/2025	(c) Date(s 05/16/20		redit Card Issuer	Paid		
	PAYEE	(a) Payee name Squarespace, Inc.		(b) Payee 225 Vario 12th Floo New Yor	ck or		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	ptic	on			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
	PAYMENT	(a) Amount Charged \$280.83	(b) Date of Charge 04/04/2025	(c) Date(s) 05/16/20	•	redit Card Issuer	Paid		
	PAYEE	(a) Payee name HEB		(b) Payee 2400 S.	Co	ngress Ave.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri	•	olies			
lacksquare	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				L	Check if Austin, TX,	Office hold	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics 0	Commissi	ion Filers)
Sch: 16/27 Rpt: 46/57	Perry, Charles L. (T	The Honorable)		00066066		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$196.70	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issue 05/16/2025	r Paid		
7 PAYEE	(a) Payee name Nestle		(b) Payee address; 1812 N Moore Street Rosslyn, VA 22209	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office Supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е	
expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card 06/17/2025			r Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Nestle		1812 N Moore Street			
			Rosslyn, VA 22209			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expens	e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held		
PAYMENT	(a) Amount Charged \$227.81	(b) Date of Charge 05/22/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid		
PAYEE	(a) Payee name PF Changs		(b) Payee address; 201 San Jacinto Blvd. Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Meal			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 17/27 Rpt: 47/57	Perry, Charles L. (T	he Honorable)			00066066					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$96.00	(b) Date of Charge 03/05/2025	(c) Date(s) (04/17/202	Credit Card Issuer 5	r Paid					
7	PAYEE	(a) Payee name The Texan		(b) Payee a 512 E. 11t Suite 110 Austin, TX	h Street 78701	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Dues and Subscriptio		(b) Description							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct candidate/Officeholder name officependiture to benefit C/OH			e sought		Office held					
е	<u> </u>		T	T							
	PAYMENT	(a) Amount Charged \$126.68	(b) Date of Charge 03/12/2025	(c) Date(s) (04/17/202	Credit Card Issuer 5	r Paid					
PAYEE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code					
		Hoover's Cooking		2002 Man	or Rd.						
				Austin, TX	78722						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	·	(b) Descript Meal	ion						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living exp	onco				
H	Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Check if Austin, TA,	Office held	lense				
e	xpenditure to benefit C/OH		That is a second of the second	o oodgin		Omoo noid					
	PAYMENT	(a) Amount Charged \$278.22	(b) Date of Charge 04/10/2025	(c) Date(s) 0 05/16/202	Credit Card Issuer 5	r Paid					
	PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Campaign Er			ion						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Aus			Check if Austin, TX,	officeholder living exp	ense					
е	Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH					Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 18/27 Rpt: 48/57	Perry, Charles L. (T	he Honorable)			00066066		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$39.99	(b) Date of Charge 04/10/2025	(c) Date(s) 0 05/16/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name WholeFoods		(b) Payee at 901 E 5th Suite 100 Austin, TX	Street	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Office Sup				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH		I (1) = 1 (a)	1,,,,,,,				
	PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer 06/30/2025		Paid				
	PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code		
		Domino's Pizza		311 W 5th				
L		() 0 :		Austin, TX				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Meal	ion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chook if Austin TV	officeholder living eve	onco	
H	Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Check if Austin, 1A,	officeholder living exp	ense	
е	xpenditure to benefit C/OH	Carialdato, Cinicollordor	That is a second of the second	o oodgin		Omoo nola		
	PAYMENT	(a) Amount Charged \$103.90	(b) Date of Charge 04/30/2025	(c) Date(s) (06/17/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Domino's Pizza		(b) Payee address; 311 W 5th Street Austin, TX 78701		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Meal						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH					Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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

Candidate/Officeholder/Politica			-	THER (enter a category	not listed at	oove)	
4. Tatal name Calcadala E4.		ruction Guide explains how	to complete this form.	C Eller ID (Ethio		: Fil\	
1 Total pages Schedule F4:					3 Filer ID (Ethics Commission Filers)		
Sch: 19/27 Rpt: 49/57	Perry, Charles L. (T	<u> </u>	1	00066066			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$			
ISSUER	see pi	revious	CHARGED TO A CREDIT				
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$438.10	05/25/2025	06/30/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			16018 Hamilton Pool Roa	.d			
	Verde's Mexican Pa	arrılla					
			Austin, TX 78738				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal				
X Political	Food/beverage Exper	1136					
Non-Political	(c) Check if travel outside	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$164.26	05/27/2025	06/30/2025				
	Ψ104.20	00/21/2020					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2400 S. Congress Ave.				
	HEB						
	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Austin, TX 78704				
PURPOSE OF			(b) Description Office Supplies				
EXPENDITURE							
X Political	Office Overflead/Reffi	lai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$131.84	05/29/2025	06/30/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			2725 82nd Street				
	Raising Canes						
			Lubbock, TX 79423				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal				
X Political	i i oourbeveraye Exper	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1 Total pages Schedule F4:	es Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethics Commission Filers)			
Sch: 20/27 Rpt: 50/57	Perry, Charles L. (The Honorable)			00066066				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$1,174.51	(b) Date of Charge 05/30/2025	(c) Date(s) 06/30/20) Credit Card Issue 125				
7 PAYEE	(a) Payee name Texas Blooms & Gi	fts	(b) Payee address; City, State, 2 4616 Triangle Ave Suite 402 Austin, TX 78751				Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	· ·	(b) Description Flowers					
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Chargod	(b) Date of Charge	(c) Dato(c)	Crodit Card Issue	r Daid			
PATWENT	(a) Amount Charged \$51.46	(b) Date of Charge 05/31/2025	06/30/20) Credit Card Issue 125	Palu			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	HEB		2400 S. (Congress Ave.				
			Austin, TX 78704					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$312.34	(b) Date of Charge 06/10/2025	(c) Date(s) 06/30/20) Credit Card Issue 125	r Paid			
PAYEE	(a) Payee name Constant Contact		(b) Payee address; 1601 Trapelo Road Waltham, MA 02451		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Campaig					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(ee. a ea.e.ge.)		,
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)					
Sch: 21/27 Rpt: 51/57	Perry, Charles L. (T	The Honorable)		00066066		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$115.13	(b) Date of Charge 03/15/2025	(c) Date(s) Credit Card Issue 04/17/2025	r Paid		
7 PAYEE 8 PURPOSE OF	(a) Payee name Lucid Software (a) Category		(b) Payee address; 10355 S Jordan Gateway Suite 300 Jordan, UT 84095 (b) Description	City,	State,	Zip Code
EXPENDITURE X Political	(See Categories listed at the top Dues & Subscriptions		Software Subscriptions			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exper	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$162.76	(b) Date of Charge 03/15/2025	(c) Date(s) Credit Card Issue 04/17/2025	r Paid		
PAYEE	(a) Payee name Nestle	(b) Payee address; 1812 N Moore Street Rosslyn, VA 22209		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issue 04/17/2025	r Paid		
PAYEE	(a) Payee name Towne Park		(b) Payee address; 1201 San Jacinto Blvd Austin, TX 78701	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Parking			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	-	Trien (enter a category r	ioi iisteu ai	Jove)		
1	Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)							
	Sch: 22/27 Rpt: 52/57				00066066				
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6	PAYMENT	(a) Amount Charged \$549.00	(b) Date of Charge 04/03/2025	(c) Date(s) Credit Card Issue 05/16/2025	r Paid				
7	PAYEE	(a) Payee name Clayton Spangler P	hotographic	(b) Payee address; 235 Point Lick Drive Charleston, WV 25306	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Photography					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$70.42	(b) Date of Charge 04/11/2025	(c) Date(s) Credit Card Issue 05/16/2025	r Paid				
PAYEE		(a) Payee name HEB		(b) Payee address; 2400 S. Congress Ave. Austin, TX 78704	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office Supplies					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$309.71	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Issue 06/17/2025	r Paid				
PAYEE		(a) Payee name HEB		(b) Payee address; 2400 S. Congress Ave. Austin, TX 78704	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office Supplies					
L	Non-Political	1	of Texas. Complete Schedule T.	<u> </u>	officeholder living expen	se			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 23/27 Rpt: 53/57	Perry, Charles L. (T	he Honorable)			00066066				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
	\$151.55	05/09/2025	06/17/202	o O					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	Texas State Directo	ory	PO Box 12						
	Austin, TX 78711								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
X Political	Dues and Subscriptio		Directory D	pues					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH			•						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 06/30/2025						
	\$36.16	05/22/2025	00/30/2023	5					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	Starbucks		5110 98th	Street					
			Lubbock, TX 79424						
PURPOSE OF	(a) Category (See Categories listed at the top	-f.Ab.;	(b) Description						
EXPENDITURE	Food/Beverage Exper		Meal						
X Political	μ-								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH			•						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 06/30/2029	Credit Card Issuer	Paid				
	\$94.18	05/27/2025	00/30/202	5					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
			5217 82nd	Street					
	Chick-fil-a								
			Lubbock, 7						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on					
l <u> </u>	Food/Beverage Exper	,	Meal						
X Political	<u> </u>								
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	form.					
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics 0			cs Commission Filers)		
Sch: 24/27 Rpt: 54/57	Perry, Charles L. (The Honorable)				00066066				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issuer	Paid				
	\$90.44	05/27/2025	06/30/2025						
7 PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code		
	Whataburger 6414 82nd Street								
			Lubbock, TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description							
X Political	Food/Beverage Exper		Meal						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$175.75	(b) Date of Charge 05/28/2025	(c) Date(s) Cre 06/30/2025						
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code		
	The Soup Peddler		1401 Rosewood Ave						
	() 0 :		Austin, TX 78702						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Meal						
X Political									
Non-Political	· · · —	of Texas. Complete Schedule T.							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 06/01/2025	(c) Date(s) Cre 06/30/2025	edit Card Issuer	Paid				
PAYEE	(a) Payee name	ı	(b) Payee add	ress;	City,	State,	Zip Code		
			512 E. 11th	Street					
	The Texan		Suite 110						
			Austin, TX 78701						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Dues and Subscriptio		Subscription						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1	Total pages Schedule F4:	e F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 25/27 Rpt: 55/57	Perry, Charles L. (The Honorable)			00066066					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$105.40	(b) Date of Charge 06/13/2025	(c) Date(s) Credit Card Issuer Paid 06/30/2025						
7	PAYEE	(a) Payee name Nestle			address; Moore Street VA 22209	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption					
	X Political	Office Overhead/Rent	tal Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense				
9 ∈	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$191.33	(b) Date of Charge 06/17/2025	(c) Date(s 06/30/20) Credit Card Issuei 125	r Paid				
	PAYEE	(a) Payee name Cast Iron Grill		(b) Payee address; 620 19th Street		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	Lubbock, TX 79401 (b) Description Meal							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$429.75	(b) Date of Charge 06/25/2025	(c) Date(s 06/30/20) Credit Card Issuei 125	r Paid				
	PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee 1300 N (Austin, T	Congress	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri Gifts	ption					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
l _							<u>-</u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officerolder/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	-	THEN (enter a category	not listeu ai	bove)	
1	Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)						
	Sch: 26/27 Rpt: 56/57				00066066			
4	CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$203.74	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid			
7	PAYEE	(a) Payee name Trattoria La Vigna		(b) Payee address; 412 20th Street Galveston, TX 77550	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meal				
	Non-Political		of Texas. Complete Schedule T.	_	officeholder living expe	nse		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$62.67	(b) Date of Charge 06/02/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid			
PAYEE		(a) Payee name Fresa's		(b) Payee address; City, State, Zip Code 3600 N Capital Highway Austin, TX 78746				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Meal				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$1,030.18	(b) Date of Charge 06/05/2025	(c) Date(s) Credit Card Issue 06/30/2025	r Paid			
PAYEE (a) Payee name BirdsEyeVu		(b) Payee address; 3214 43rd Street Lubbock, TX 79413	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By er/Political Committee	(b) Description Charitable Contribution				
	Non-Political	1	of Texas. Complete Schedule T.		officeholder living exper	nse		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains hov	to complete th		THER (enter a catego	ry not listed a	pove)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 27/27 Rpt: 57/57	Perry, Charles L. (The Honorable)				00066066		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$1,030.35	(b) Date of Charge 06/05/2025	(c) Date(s) (06/30/202	Credit Card Issuei 5	r Paid		
7 PAYEE	(a) Payee name Parkridge Pregnand	cy Center	(b) Payee at 5203 79th Suite A Lubbock,	Street TX 79424	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descripti Sponsorsh				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$156.56	01/10/2025	02/18/202	5			
PAYEE	(a) Payee name	l .	(b) Payee a	ddress;	City,	State,	Zip Code
	CRW PAC		1802 Bow Ridge Cove				
			Cedar Par	k, TX 78613			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held		