CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00088039		2 Total pages	filed: 75
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Vincent			Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/16/2025	
		Perez				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
MAILING ADDRESS	649 Londonderry Road				Receipt #	Amount
Change of Address	El Paso, TX 79907					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Jorge				
	NICKNAME	LAST		SUFFIX		
		Perez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EVSE):	ΛD	T / SUITE #; CIT	V· C-	TATE; ZIP CODE
TREASURER ADDRESS	7950 San Paulo Drive	BOX FLEASE),	AF	1730ITE#, CIT	1, 3	TATE, ZIP CODE
(Residence or Business)	El Paso, TX 79915					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (915) 740-1228	IE NUMBER E	EXTENSION			
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit		ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	025	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	ΧP	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	HT (if known)	
	State Representative Distr	rict 77 El Paso			,	
	1					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 75

13 C / OH NAME	Perez, Vincent (The I	Honorable)	14 Filer ID 00088039	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this inform	out the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш .	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	1E	
		COMMITTEE CAMPAIGN TREASURER ADD	PRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER SES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 15,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 52,539.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	HE LAST DAY OF THE	\$ 7,302.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 11,000.00
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Cor	es all information required t	
		The	Honorable Vincent Pere	Z
		Signatu	re of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 75				
l	18 FILER NAME Perez, Vincent (The Honorable) 19 Filer ID (Ethics Commission Filers) 00088039				
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUB	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	46,024.57
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,514.95
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	\$	

MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
The Instru	ection Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/75	
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 00088039
4 Date 06/23/2025	_ `		7 Amount of Contribution (\$) \$10,000.00
	Austin, TX 78701	To 5 1 10 1 1 1 1	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard W (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
Principal occu	Houston, TX 77027 upation / Job title (See Instructions) r, CEO	Employer (See Instruction: Texans for Lawsuit Ref	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/70 Rpt: 5/75	Perez, Vincent (The Honorable) 00088039
4 Date	5 Payee name
01/12/2025	7-Eleven
6 Amount (\$) \$60.87	7 Payee address; City; State; Zip Code 1550 N Interstate 35
	San Marco , TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/15/2025	ALC Steaks
Amount (\$) \$1,303.40	Payee address; City; State; Zip Code 1205 N Lamar Blvd
	Austin, TX 78703
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Swearing in dinner
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/24/2025	AT&T
Amount (\$) \$156.16	Payee address; City; State; Zip Code Whitacre Tower 208 S Akard St
	Dallas, TX 75202
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign phone
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 2/70 Rpt: 6/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	03/20/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$330.56	Whitacre Tower 208 S Akard St
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign phone
		campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Data	
	Date	Payee name
	04/24/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.22	Whitacre Tower 208 S Akard St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	01/07/2025	Airport Printing Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,801.43	7 Leigh Fisher Blvd.
		El Paso, TX 79906
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		printing & postage expense/Christmas Cards
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (en Credit Card Payment The Instruction Guide explains how to complete this form.	ter a category not listed above)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 3/70 Rpt: 7/75 Perez, Vincent (The Honorable) 0008803	39
4 Date 5 Payee name	
01/05/2025 Alon	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$20.11 10898 Montana Ave.	
El Paso, TX 79935	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Transport tables For significant And Polytod	
EXPENDITURE Transportation Equipment And Related	·
Expense Check if Austin, TX, officeholder gas	living expense
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office	e held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office sought	c nelu
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
03/25/2025 Austin Airport F&B	
Amount (\$) Payee address; City; State; Zip Code	
\$22.79	
Austin, TX	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas	
Food/Beverage Expense Check if travel outside of Texas.	·
Meals while traveling on	
Weds wille daveling on	legislative basiliess
Complete ONLY if direct Candidate/Officeholder name Office sought Office	e held
expenditure to benefit C/OH	c ricia
Date:	
Date Payee name	
03/24/2025 Austin Airport F&B	
Amount (\$) Payee address; City; State; Zip Code	
\$24.45	
ТХ	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FOOD/Beverage Expense Check if travel outside of Texas.	·
Cneck if Austin, 1X, officenoider	
Meals while traveling on	iegisiative business
Complete ONLY if direct Candidate/Officeholder name Office sought Office expenditure to benefit C/OH	e held
- p	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 4/70 Rpt: 8/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/20/2025	Austin Mac Works
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.28	450 W 2nd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		charger
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/07/2025	Austin Mac Works
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.68	450 W 2nd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		tech/computer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payso nama
	05/13/2025	Payee name Bowers, Rhetta
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	Tayee address, Sity, State, 21p State
	,	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gift reimbursement
	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 C

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

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

xpense Travel C Vages/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/70 Rpt: 9/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/08/2025	Calendario Azteca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.31	Av. Paseo Triunfo de la Republica
		Ciudad Juarez Chihuahua 32310 Mexico
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign gift baskets
		ouripaign girl backets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 °
	Date	Payee name
	04/20/2025	Calendario Azteca
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.32	Av. Paseo Triunfo de la Republica
		·
		Ciudad Juarez Chihuahua 32310 Mexico
	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 campaign gift basket items
		ouripaign gitt basice terms
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/20/2025	Chaparral 307, San Jeronimo
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.42	Tayee address, Oity, State, 21p Code
	Ψτ2.τ2	
		Ciudad Juarez, TX 32505
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign gift basket items
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 6/70 Rpt: 10/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	02/10/2025	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$40.26	1501 N Hwy 285
	¥ .0.20	
		Fort Stockton, TX 79735
_	P. P. C.	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/21/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.46	1501 N Hwy 285
		Fort Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense gas
		gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	01/08/2025	Chicos Reg
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.12	Av. Paseo Triunfo de la Republica
		Ciudad Juarez Chihuahua Mexico
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		campaign gift basket items
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OI	1
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/70 Rpt: 11/75	Perez, Vincent (The Honorable) 00088039	
4	Date	5 Payee name	
	02/11/2025	Circle K	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.26	541 Hwy 46 W	
		New Braunfels, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		gas	
_	Commission ONU V if allows	Constitute (Office helder name)	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	
	03/18/2025	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00		
		Austin, TX 79907	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	04/21/2025	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.72		
L		Fort Stockton, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Transportation Equipment And Related Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Expense	
]	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/70 Rpt: 12/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	02/14/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.40	
		Austin, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense parking meter
		parking meter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	02/14/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.90	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		parking meter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	01/07/2025	City of El Paso Electronic Parking Meter System
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.03	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking meter
		parking meter
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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:	<u> </u>
	Sch: 9/70 Rpt: 13/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/07/2025	City of El Paso Electronic Parking Meter System
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.78	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	-	Check if Austin, TX, officeholder living expense parking meter
		parking meter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	Cloakroom
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.80	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Beverages with staff
		Beverages war stall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/14/2025	Cognent
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	P.O. Box 536421
		Orlando, FL 32853
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website
		Website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

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: 10/70 Rpt: 14/75	Perez, Vincent (The Honorable)	00088039			
4	Date	5 Payee name				
	02/11/2025	Congress parking Austin				
6	Amount (\$) \$12.99	7 Payee address; City; State; Zip Code				
		Austin, TX				
8	PURPOSE OF EXPENDITURE	Transportation Equipment / the related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/09/2025	Costco Gas				
	Amount (\$) \$58.97	Payee address; City; State; Zip Code 6101 Gateway Boulevard West A-1				
		TX 79925				
	PURPOSE OF EXPENDITURE	Transportation Equipment / tha related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/10/2025	Costco Gas				
	Amount (\$) \$58.13	Payee address; City; State; Zip Code 6101 Gateway Boulevard West A-1				
		TX 79925				
	PURPOSE OF EXPENDITURE	Transportation Equipment And Related	outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/70 Rpt: 15/75	Perez, Vincent (The Honorable)		00088039
4	Date	5 Payee name		•
l	01/09/2025	Costco Wholesale		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$64.89	6101 Gateway Boulevard West A-1		
l				
l		TX 79925		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EVENDITURE	furnishing	` '	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Ü		Check if Austin, TX, officeholder living expense
l				furnishings for housing rental in Austin
Ļ				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
┕	'			
l	Date	Payee name		
L	01/09/2025	Doce50		
l	Amount (\$)	Payee address; City; State; Zip Coo		
l	\$132.78	Blvd. Manuel Gomez Morin 7612-1 FRACC. Ha	cie	enda
l				
l		Ciudad Juarez Chihuahua 32505 Mexico		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				donor gifts/gift basket items
				active ground the control of the con
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	04/20/2025	Doce50		
⊢	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$118.57	Blvd. Manuel Gomez Morin 7612-1 FRACC. Ha		enda
l				
l		Ciudad Juarez Chihuahua 32505 Mexico		
⊢	PURPOSE		(h)	Description
l	OF	Gift/Awards/Memorials Expense	(15)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	City wat as monetale Expense		Check if Austin, TX, officeholder living expense
				campaign gift basket items
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	experientare to benefit 6/01	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/70 Rpt: 16/75	Perez, Vind	ent (The Honorabl	e)				00088039		
4	Date	5 Payee name								
	05/29/2025	Donna Hov	vard Campaign							
6	Amount (\$) \$37.88	7 Payee addre	ess; City;	State; Zip C	ode					
8	PURPOSE OF EXPENDITURE	I	iee Categories listed at the tr 5/Memorials Expen		(b)		, TX	ide of Texas. Com , officeholder living gift		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld	
	Date	Payee name				<u> </u>				
	02/08/2025	El Paso Co	unty Democratic P	arty						
	Amount (\$) \$100.00	Payee addre	ana Ave. Ste E	State; Zip C	ode					
┝	PURPOSE				(h)	Description				
	OF EXPENDITURE	Contributio	ee Categories listed at the tr ns/Donations Made Officeholder/Politic	e By	(10)	=		ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld	
	Date 01/26/2025	Payee name El Paso IN								
	Amount (\$) \$5.00	Payee addre 209 Noble	-	State; Zip C	ode					
		El Paso, T	K 79901							
	PURPOSE OF EXPENDITURE	(a) Category (s subscriptio	iee Categories listed at the to	op of this schedule)	(b)	<u></u>		ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught			Office he	eld	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	lete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 13/70 Rpt: 17/75	Perez, Vincent (The Honorable)			00088039	
4	Date	5 Payee name				
	02/10/2025	Empire				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$11.03					
		El Paso, TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descrip	otion		
	OF EXPENDITURE	Transportation Equipment And Related			de of Texas. Com	plete Schedule T.
	EXPENDITURE	Expense		k if Austin, TX,	officeholder living	gexpense
			gas			
_	0 1: 0.11.7.7.1.				0" 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Ĭ.		Office he	eld
	·					
	Date	Payee name				
	04/20/2025	Envoltura de Regalos				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.50	Av. Ejercito Nacional 7445				
		Ciudad Juarez, TX 32530				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descrip	otion		
	OF EXPENDITURE	Gift/Awards/Memorials Expense	\Box			plete Schedule T.
			_		officeholder living Isket items	g expense
			осро			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	02/06/2025	GoDaddy				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$22.17	2155 E GoDaddy Way				
	ΨΕΣ.Σ.	2100 2 Gobada, way				
		Tempe, AZ 85284				
	DUDDOOF	(4)	· - ·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Descrip		de of Texas. Com	plete Schedule T.
	EXPENDITURE	rees			officeholder living	
			websit	e domain		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/70 Rpt: 18/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email platform
		emaii piatiomi
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email platform
		enai pationi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/29/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Pkwy
		mountain view , CA 94043
	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 email platform
		emaii piatiomi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ivel Out of District HER (enter a category not listed above)
1	Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·	or ID (Ethics Commission Filors)
1	Total pages Schedule F1: Sch: 15/70 Rpt: 19/75		er ID (Ethics Commission Filers) 0088039
4	Date	5 Payee name	
	04/02/2025	Google	
6	Amount (\$) \$23.03	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy mountain view , CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		f Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	ceholder living expense
		email platform	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	05/01/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.03	1600 Amphitheatre Pkwy	
		mountain view , CA 94043	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000	f Texas. Complete Schedule T.
		Check if Austin, TX, office email platform	Scholaci livilig expense
		emaii piationni	
<u> </u>	Complete ONU V if alice	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held
	Date	Payee name	
	05/08/2025	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.18	1000 E 41st St	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Odd/Deverage Experise	f Texas. Complete Schedule T.
		Check if Austin, TX, office food for staff	cenduer living expense
		lood for Stall	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O		Office field

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (or processes and installation)

	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: 16/70 Rpt: 20/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	05/30/2025	Hernandez, Edwing (Mr.)
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code
8	PURPOSE	El Paso, TX 79936
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement for staff lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2025	Home Depot
	Amount (\$) \$17.29	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2025	Home Depot
	Amount (\$) \$22.21	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to comp	lete this	s form.		
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 17/70 Rpt: 21/75		Perez, Vincent (The Honorable)		(00088039	
4	Date	5	Payee name				
	05/04/2025		Honk Parking				
6	Amount (\$) \$21.88	7	Payee address; City; State; Zip Code				
			Austin, TX				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	C	cription heck if travel outsid heck if Austin, TX, o king meter		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought	į		Office he	eld
	Date		Payee name				
	01/08/2025		Houston Chronicle				
	Amount (\$) \$11.96		Payee address; City; State; Zip Code 4747 Southwest Fwy				
			Houston , TX 77027				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) subscription (b)	C	cription theck if travel outsid theck if Austin, TX, o spaper		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought	İ		Office he	eld
	Date		Payee name				
	02/05/2025		Houston Chronicle				
	Amount (\$) \$11.96		Payee address; City; State; Zip Code 4747 Southwest Fwy				
			Houston , TX 77027				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) subscription	C	cription heck if travel outsid heck if Austin, TX, o Spaper		
	Complete ONLY if direct expenditure to benefit C/ON		Candidate/Officeholder name Office sought	İ		Office he	eld

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/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: 18/70 Rpt: 22/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	03/19/2025	IT Caucus
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code Austin, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Joseph , Andrew (Mr.)
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 1108 Lavaca Street Suite 110-351 Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense artwork for Austin office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Joseph , Andrew (Mr.)
	Amount (\$) \$800.00	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense christmas cards photos & design
	Complete ONLY if direct expenditure to benefit C/O	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 -

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

Printing Expense Salaries/Wages/Contract Labor

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

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: 19/70 Rpt: 23/75 Perez, Vincent (The Honorable) 00088039 4 Date Payee name 01/14/2025 Juliet Italian Kitchen 6 Amount (\$) Payee address; State; Zip Code \$105.00 1500 Barton Springs Rd Austin, TX 78704 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense swearing in dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2025 Kravetz, Kelli (Ms.) Amount (\$) Payee address; City; State; Zip Code \$500.00 12920 Latchwood Lane Austin, TX 78753 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Deposit for rental home in Austin during legislative session. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2025 Kravitz, Kelli Amount (\$) Payee address: City; State; Zip Code \$2,700.00 Austin, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Housing Rental during legislative session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 20/70 Rpt: 24/75	Perez, Vincent (The Honorable)			00088039	
4	Date	5 Payee name		•		
	01/20/2025	Kravitz , Kelli				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10,800.00					
		Austin, TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if trave		ide of Texas. Com	
	EXPENDITURE	·	_		, officeholder living	
			Housing Re	ntai	unit in Austir	n
_	0 1: 0 1: 0				000	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	Date	Payee name				
	05/02/2025	LAZ Parking				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.85					
		Austin, TX				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Transportation Equipment And Related	—		ide of Texas. Com , officeholder living	
		Expense	parking met		, onicendider living	ехрепзе
			J			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	4				
	Date	Payee name				
	03/26/2025	Lady Bird Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$68.41	810 Red River St				
		Austin, TX 78701				
	PURPOSE		Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		el outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	. course age Expense	_	in, TX	, officeholder living	expense
			staff dinner			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	experience to beliefft C/OI	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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: 21/70 Rpt: 25/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/29/2025	Legislative Study Group
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code Austin, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	Legislative Study Group
	Amount (\$) \$500.00	Payee address; City; State; Zip Code TX
	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 dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Mexican American Legislature Caucus
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 1108 Lavaca Street Suite 110-351
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/70 Rpt: 26/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	06/12/2025	Munoz, Yvonne (Ms.)
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code Austin, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photos (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for photos
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	01/08/2025	OOH LALA
	Amount (\$) \$65.34	Payee address; City; State; Zip Code centro comercial valle campestre, blvd. manuel gomez
L		Ciudad Juarez Chihuahua 32460 Mexico
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign gift baskets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	Office Depot
	Amount (\$) \$78.48	Payee address; City; State; Zip Code
		Austin, TX 79925
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 23/70 Rpt: 27/75	Perez, Vincent (The Honorable) 00088039				
4	Date	5 Payee name	_			
	03/10/2025	Papa John's				
6	Amount (\$) \$46.42	7 Payee address; City; State; Zip Code				
		Austin, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff meal				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/13/2025	Perez, Vincent				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$3,550.00	649 Londonderry Road				
		El Paso, TX 79907				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Loan Repayment/Reimbursement				
		Check if Austin, TX, officeholder living expense loan reimbursement				
		loan reimbarsement				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name	_			
	01/17/2025	Perez, Vincent				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$3,000.00	649 Londonderry Road				
		El Paso, TX 79907				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.				
	LAI LINDITORE	Check if Austin, TX, officeholder living expense				
		loan reimbursement				
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/Ol					
H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 24/70 Rpt: 28/75	Perez, Vincent (The Honorable) 00088039	
4	Date	5 Payee name	_
	01/24/2025	Radisson Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$7.50	2721 S 10th St	
		McAllen , TX 78503	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense RGV trip	
		NGV trip	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_			_
	Date	Payee name	
	01/25/2025	Radisson Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	2721 S 10th St	
		McAllen, TX 78503	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		RGV trip	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
	Date	Payee name	
	01/26/2025	Radisson Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.50	2721 S 10th St	
		McAllen, TX 78503	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		RGV trip	
_	Computate ONU V if alice	Condidate/Officeholder nove	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 25/70 Rpt: 29/75	Perez, Vincent (The Honorable) 00088039	
4	Date	5 Payee name	_
	03/28/2025	Sam`s	
6	Amount (\$) \$281.58	7 Payee address; City; State; Zip Code	
L		Austin, TX 79924	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office snacks	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
l	01/02/2025	SecurCare Self Storage	
	Amount (\$) \$85.00	Payee address; City; State; Zip Code 9565 N Loop Dr.	
		El Paso, TX 79907	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage unit	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
l	02/02/2025	SecurCare Self Storage	
	Amount (\$) \$85.00	Payee address; City; State; Zip Code 9565 N Loop Dr.	
		El Paso, TX 79907	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage unit	
	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
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 26/70 Rpt: 30/75	Perez, Vincent (The Honorable)		00088039	
4 Date	5 Payee name	·		
03/16/2025	SecurCare Self Storage			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$105.00	9565 N Loop Dr.			
	El Paso, TX 79907			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel of	outside of Texas. Com	
LAFENDITORE			TX, officeholder living	g expense
		storage unit		
O Complete CNII V if direct	Candidata/Officahaldar nama Offica acu	wht	Office by	1d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnı	Office he	eid
	<u> </u>			
Date	Payee name			
03/29/2025	SecurCare Self Storage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$85.00	9565 N Loop Dr.			
	El Paso, TX 79907			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	ш	outside of Texas. Com TX, officeholder living	
		storage unit	TX, omeendaer nving	у схропос
		3		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	Н			
Date	Payee name			
04/29/2025	SecurCare Self Storage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$85.00	9565 N Loop Dr.			
	·			
	El Paso, TX 79907			
PURPOSE		(h) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel of	outside of Texas. Com	plete Schedule T.
EXPENDITURE	Office Overficad/Nertial Experise	Check if Austin,	TX, officeholder living	g expense
		storage unit		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	п			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/70 Rpt: 31/75	Perez, Vincent (The Honorable)	00088039
4 Date	5 Payee name	
06/27/2025	Strobel , Jennifer	
6 Amount (\$) \$993.80	7 Payee address; City; State; Zip Cod	de
	Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement for office furnishing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght Office held
Date	Payee name	
01/11/2025	Sunoco	
Amount (\$) \$10.00	Payee address; City; State; Zip Coo 201 Del Rio St.	de
	Ozona , TX 76943	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OI	I L Candidate/Officeholder name Office souç H	ght Office held
Date	Payee name	
04/20/2025	Super Dulce	
Amount (\$) \$16.18	Payee address; City; State; Zip Coo Calle Adolfo de la Huerta 390	de
	Ciudad Juarez, TX 32340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign gift basket items
Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office souç H	ght Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/70 Rpt: 32/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/23/2025	Sweet Chive Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.51	2515 E Cesar Chavez St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food with legislators and staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/13/2025	Taqueria 10 de 10
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.29	206 Trinity St Unit 110
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch
		Stati fulferi
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/03/2025	Taqueria Chapala
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$86.06	2101 E Cesar Chavez St
		Austin, TX 78702
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch
		Stati fariori
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 29/70 Rpt: 33/75	l	ent (The Honorable)					00088039	•	,
4	Date	5 Payee name								
	01/13/2025	Target								
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip Co	ode					
	\$252.26	2025 Guad	alupe St. STE 01-100							
		Austin, TX	78705							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	furnishing				=		de of Texas. Comp officeholder living		
						furnishings fo				
						Tarriishii 1g5 10	. , ,	ustiii i lousii	ig remai	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	l ight			Office he	eld	
_		<u> </u>								
	Date	Payee name								
	02/02/2025	Texas Dem	ocratic Party							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$1,680.00	PO Box 15	707							
		Austin , TX	78761							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Comp		
Check if Austin, TX, officenoider living expense										
	van access									
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/OI		icenoider name	Office 300	igiit			Office fie	au	
_		Г								
	Date	Payee name								
	01/29/2025	Texas Hou	se LGBTQ Caucus							
	Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode					
	\$400.00									
		Austin, TX								
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees		,		Check if travel of	outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITORE					—	TX,	officeholder living	expense	
						dues				
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
L	experiorare to benefit C/OI	T								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/70 Rpt: 34/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/23/2025	The Cigar Vault
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.55	2501 E Cesar Chavez St
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		drinks with legislators and staff
		uninks with legislators and stan
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2025	The Original Italian Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.88	2923 Pershing Dr
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting/legislative business
		meeting/legislative business
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Twin Peaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	8889 Gateway Blvd
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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/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: 31/70 Rpt: 35/75	Perez, Vincent (The Honorable) 00088039			
4	Date	5 Payee name			
	01/15/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$27.95	1515 3rd Street			
		San Francisco , CA 94158			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense La Check if Austin, TX, officeholder living expense transportation during legislative session			
		an operation daming regionality decision			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Date	Davies same			
		Payee name			
	01/16/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.98	1515 3rd Street			
		San Francisco , CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense Check if Austin, TX, officeholder living expense			
		transportation during legislative session			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OH				
_					
	Date	Payee name			
	01/24/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.21	1515 3rd Street			
L		San Francisco , CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense Check if Austin, TX, officeholder living expense			
		transportation during legislative session			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 32/70 Rpt: 36/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	
	01/26/2025	Uber	
6	Amount (\$) \$9.21	7 Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	transportation	sside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/27/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.90	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/29/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.34	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense /e session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/70 Rpt: 37/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	02/12/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.02	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		daming togretative eccetors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.99	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		during legislative session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/12/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.14	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	transportation Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		during legislative session
	Complete ONIL V if alignet	Candidate/Officeholder name Office sought Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/70 Rpt: 38/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	02/22/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.93	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		during legislative session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialities to belieff 6/01	'
	Date	Payee name
	02/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.97	1515 3rd Street
	720.0 1	<u> </u>
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		during legislative session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	03/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.93	1515 3rd Street
	+ 00	
		San Francisco , CA 94158
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	transportation transportation Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		during legislative session
	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 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:		_
Ļ	Sch: 35/70 Rpt: 39/75	Perez, Vincent (The Honorable) 00088039	_
4	Date 03/11/2025	5 Payee name Uber	
6	Amount (\$) \$7.76	7 Payee address; City; State; Zip Code 1515 3rd Street	
L		San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 03/12/2025	Payee name Uber	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.56	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/13/2025	Payee name Uber	
	Amount (\$) \$16.98	Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Exaccounting/Banking Fe
Consulting Expense Fo
Contributions/ Donations Made By - Go

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: 36/70 Rpt: 40/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	03/15/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.47	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		during legislative session
		during regionality ecosion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	B
	Date 03/15/2025	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.94	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during registative session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		<u> </u>
	Date	Payee name
	03/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		during legislative session
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

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: 37/70 Rpt: 41/75	Perez, Vincent (The Honorable) 00088039	
4	Date	5 Payee name	
	03/11/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.55	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		during legislative session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	03/12/2025	Uber	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$34.63	1515 3rd Street	
		San Francisco , CA 94158	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense during legislative session	
		during logiciality coccion	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	03/13/2025	Uber	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$11.96	1515 3rd Street	
		San Francisco , CA 94158	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense during legislative session	
		during legislative session	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
ı			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	lete this f	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 38/70 Rpt: 42/75	Perez, Vincent (The Honorable)			00088039	
4	Date	5 Payee name		•		
	03/19/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10.99	1515 3rd Street				
		San Francisco , CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descri	ption		
	OF EXPENDITURE	transportation	Che	ck if travel outsic		plete Schedule T.
	LAI LINDITORE		_		officeholder living	expense
			uuring	g legislative	Session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	old.
9	expenditure to benefit C/OI		L		Office fie	au
_	Data					
	Date 03/19/2025	Payee name				
		Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$8.73	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE OF	, ,) Descri			
	EXPENDITURE	transportation			le of Texas. Com officeholder living	plete Schedule T.
				g legislative		, охронов
				, ,		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	03/21/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.01	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE) Descri	ntion		
	OF	transportation			le of Texas. Com	plete Schedule T.
	EXPENDITURE	a sarapa sara			officeholder living	expense
			during	g legislative	session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t		Office he	eld
	ponditare to benefit 6/01	•				

SCHEDULE F1

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

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: 39/70 Rpt: 43/75	Perez, Vincent (The Honorable) 00088039	
4		5 Payee name	
L	03/21/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.21	1515 3rd Street	
		0.5.	
L		San Francisco , CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		during legislative session	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Great	'	
	Date	Payee name	
L	03/23/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.98	1515 3rd Street	
		Con Francisco CA 04150	
L		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		during legislative session	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			=
	Date 03/24/2025	Payee name Uber	
L			_
	Amount (\$) \$13.03	Payee address; City; State; Zip Code 1515 3rd Street	
	Ψ13.03	1515 Sid Stiect	
		San Francisco , CA 94158	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	transportation (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		during legislative session	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
H			_

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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
Ļ	Sch: 40/70 Rpt: 44/75	Perez, Vincent (The Honorable) 00088039
4	Date 03/24/2025	5 Payee name Uber
6	Amount (\$) \$15.03	7 Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/25/2025	Payee name Uber
	Amount (\$) \$18.86	Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/26/2025	Payee name Uber
	Amount (\$) \$10.99	Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/70 Rpt: 45/75	Perez, Vincent (The Honorable)		00088039
4	Date	5 Payee name		·
	03/26/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$9.59	1515 3rd Street		
L		San Francisco , CA 94158		
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	transportation		Check if Austin, TX, officeholder living expense
				during legislative session
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
⊨	· .			
	Date 03/28/2025	Payee name Uber		
┡	Amount (\$)	Payee address; City; State; Zip Cod	10	
	\$10.90	1515 3rd Street	ie.	
	Ψ10.30	1010 010 01001		
		San Francisco , CA 94158		
┝	PURPOSE	T	(b)	Description
	OF EXPENDITURE	transportation	. ,	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense during legislative session
				during registative session
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	03/31/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$24.90	1515 3rd Street		
L		San Francisco , CA 94158		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	transportation		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				during legislative session
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
L	experiulture to beliefit C/OI	'		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 42/70 Rpt: 46/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	04/01/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.93	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		during legislative session
		daming regionality ecosion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.94	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during legislative session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	04/04/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.91	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		during legislative session
		during registative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Giff Candidate/Officeholder/Political Committee Leg

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	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/70 Rpt: 47/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	•
	04/10/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.98	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			during legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Data		
	Date	Payee name	
	04/14/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.91	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' -	Description
	EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		d d	during legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	04/16/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.24	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	transportation	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		d	during legislative session
	Operation Chilly III	Condition (Office held	0" 111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/70 Rpt: 48/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	
	04/21/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.22	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
		dui	ring legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	5.		
	Date	Payee name	
	04/22/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.80	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	, _	scription
	EXPENDITURE	tidisportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			ring legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/23/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.53	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE		opvintion
	OF	'	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	ti di isportation	Check if Austin, TX, officeholder living expense
		dur	ring legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	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: 45/70 Rpt: 49/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
l	04/28/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$9.53	1515 3rd Street
l		
l		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense during legislative session
		during registative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	05/02/2025	Uber
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$10.15	1515 3rd Street
l	Ψ10.10	1010 010 011001
		San Francisco , CA 94158
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		during legislative session
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	01/10/2025	Uber
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$36.09	1515 3rd Street
l		
L		San Francisco , CA 94158
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		during legislative session
Г	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	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/70 Rpt: 50/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	
	01/13/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$80.31	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dı	uring legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/15/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.95	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L L	uring legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/16/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.98	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L L	uring legislative session
Г	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 comple	lete this f	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 47/70 Rpt: 51/75	Perez, Vincent (The Honorable)			00088039	
4	Date	5 Payee name		•		
	01/24/2025	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35.37	1515 3rd Street				
		San Francisco , CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descri	ption		
	OF EXPENDITURE	transportation	Che	eck if travel outsid		plete Schedule T.
	LAI LINDITORE		_		officeholder living	expense
			uuring	g legislative	Session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	nld
9	expenditure to benefit C/OI		L		Office fie	au
_	Data					
	Date 01/26/2025	Payee name				
		Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$27.86	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE OF	, ,) Descri			
	EXPENDITURE	transportation			de of Texas. Com officeholder living	plete Schedule T.
				g legislative		, охронов
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/26/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.21	1515 3rd Street				
		San Francisco , CA 94158				
	PURPOSE) Descri	intion		
	OF	transportation			de of Texas. Com	plete Schedule T.
	EXPENDITURE	a sarapa sara			officeholder living	expense
			during	g legislative	session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t		Office he	eld
	ponditare to benefit 6/01	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/70 Rpt: 52/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/26/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.21	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	01/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.90	1515 3rd Street
		San Francisco , CA 94158
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		during legislative session
L	Operation ONLY if discont	Overall data (Office health and over a complete section of the sec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	01/29/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.34	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transporation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		during legislative session
\vdash	Complete CAIL V if allows	Condidate/Officeholder name
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	s/Contract Labor		OTHER (enter a	a category not listed ab	ove)
				The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 49/70 Rpt: 53/75		Perez, Vince	ent (The Hond	rable)					00088039		
4	Date	5	Payee name									
	02/07/2025		Uber									
6	Amount (\$)	7	Payee addres	ss; City;	Sta	te; Zip Co	de					
	\$33.07		1515 3rd Str	reet								
			San Francis	co , CA 94158	3							
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		transportation					=			nplete Schedule T.	
	LXI LINDITORL							\Box		officeholder livin	g expense	
								during legisla	tive	e session		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	experialiture to beliefit C/Oi	' '										
	Date		Payee name									
	02/08/2025		Uber									
	Amount (\$)		Payee addres	ss; City;	Sta	te; Zip Co	de					
	\$32.12		1515 3rd Str	reet								
			San Francis	co , CA 94158	3							
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		transportation					Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	LXI LINDITORL							ш		officeholder livin	g expense	
								during legisla	tive	e session		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	02/12/2025		Uber									
	Amount (\$)		Payee addres	ss; City;	Sta	te; Zip Co	ode					
	\$10.02		1515 3rd Str	reet								
			San Francis	co , CA 94158	3							
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		transportation			-					nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								during legisla	tive	e session		
							Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	experiolitate to betterit 0/011											

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/70 Rpt: 54/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	02/12/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.99	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during registative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	02/13/2025	Uber
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$7.14	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		during legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		during legislative session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 com	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 51/70 Rpt: 55/75	Perez, Vincent (The Honorable)		00088039
4	Date	5 Payee name		
L	03/12/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
l	\$24.55	1515 3rd Street		
		San Francisco , CA 94158		
Ļ	DUDDOCE		/l=\	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) transportation	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	แนกรองาณแบก		Check if Austin, TX, officeholder living expense
l				during legislative session
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
L	- CAPONANAIO IO ZONOM GAO.			
l	Date	Payee name		
L	03/12/2025	Uber		
l	Amount (\$)	Payee address; City; State; Zip Cod	de	
l	\$34.63	1515 3rd Street		
L		San Francisco , CA 94158		
l	PURPOSE OF	, ((b)	Description
l	EXPENDITURE	transportation		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				during legislative session
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/14/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
l	\$11.96	1515 3rd Street		
l				
L		San Francisco , CA 94158		
l	PURPOSE OF	,	(b)	Description
l	EXPENDITURE	transportation		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				during legislative session
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	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 this form.
1	Total pages Schedule F1: Sch: 52/70 Rpt: 56/75	2 FILER NAME Perez, Vincent (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088039
4	Date 03/19/2025	5 Payee name Uber
6	Amount (\$) \$10.99	7 Payee address; City; State; Zip Code 1515 3rd Street
8	PURPOSE OF EXPENDITURE	San Francisco , CA 94158 (a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/19/2025	Payee name Uber
	Amount (\$) \$8.73	Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/19/2025	Payee name Uber
	Amount (\$) \$19.08	Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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 co	mplete this		o men (omor d	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 53/70 Rpt: 57/75	Perez, Vincent (The Honorable)			00088039	
4 Date	5 Payee name				
03/21/2025	Uber				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$25.01	1515 3rd Street				
	San Francisco , CA 94158				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•		
EXPENDITURE	transportation			de of Texas. Com officeholder living	plete Schedule T. g expense
		. –	ng legislative		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ight		Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
03/21/2025	Uber				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$18.21	1515 3rd Street				
	San Francisco , CA 94158				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•		
OF EXPENDITURE	transportation			de of Texas. Com , officeholder living	plete Schedule T.
			ng legislative		y expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	H				
Date	Payee name				
03/23/2025	Uber				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$26.98	1515 3rd Street				
	San Francisco , CA 94158				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•		
EXPENDITURE	transportation			de of Texas. Com officeholder living	plete Schedule T.
			ng legislative		y expense
			-		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office h	eld
expenditure to benefit C/O	Н				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 54/70 Rpt: 58/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	•
	03/24/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.03	1515 3rd Street	
		San Francisco , CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
		du	uring legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	5.		
	Date	Payee name	
	03/24/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.03	1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	EXPENDITURE	transportion \square	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		· · · · · · · · · · · · · · · · · · ·	uring legislative session
			3 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/25/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.86	1515 3rd Street	
	,		
		San Francisco , CA 94158	
	PURPOSE		
	OF	(escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		du	uring legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card r dyment	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule	F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 55/70 Rpt: 59	/75 Perez, Vincent (The Honorable)	00088039					
4 Date	5 Payee name	·					
03/26/2025	Uber						
6 Amount (\$)	7 Payee address; City; State; Zip C	Code					
\$9	.59 1515 3rd Street						
	San Francisco , CA 94158						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense during legislative session					
9 Complete ONLY if dire	ect Candidate/Officeholder name Office so	L ought Office held					
expenditure to benefit							
Date	Payee name						
03/26/2025	Uber						
Amount (\$)	Payee address; City; State; Zip C	Code					
\$10							
	San Francisco , CA 94158						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	transportation	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITORE		Check if Austin, TX, officeholder living expense					
		during legislative session					
Complete ONLY if dire	ect Candidate/Officeholder name Office so	Dught Office held					
expenditure to benefit		office field					
Data							
Date 03/29/2025	Payee name Uber						
Amount (\$) \$10	Payee address; City; State; Zip C .90 1515 3rd Street	,oue					
ΨΙΟ	1313 Sid Stieet						
	San Francisco , CA 94158						
DUDDOGE		10.5					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) transportation	(b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	transportation	Check if Austin, TX, officeholder living expense					
		during legislative session					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit	<u> </u>						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 56/70 Rpt: 60/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
_	03/31/2025	Uber
6	Amount (\$) \$24.90	7 Payee address; City; State; Zip Code 1515 3rd Street
	Ψ24.50	1313 Sid Silect
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	1515 3rd Street
		Son Francisco CA 041E0
	PURPOSE	San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		during legislative session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/03/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.94	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 57/70 Rpt: 61/75	2 FILER NAME Perez, Vincent (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088039
4	Date 04/05/2025	5 Payee name Uber
6	Amount (\$) \$9.91	7 Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/11/2025	Payee name Uber
	Amount (\$) \$8.98	Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/15/2025	Payee name Uber
	Amount (\$) \$8.91	Payee address; City; State; Zip Code 1515 3rd Street
		San Francisco , CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/70 Rpt: 62/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	04/17/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.23	1515 3rd Street
		San Francisco , CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during regisiative session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marea
	04/17/2025	Payee name
L		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.24	1515 3rd Street
		San Francisco , CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during registative session
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	04/22/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.80	1515 3rd Street
L		San Francisco , CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense during legislative session
		during regisiative session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 59/70 Rpt: 63/75	2 FILER NAME Perez, Vincent (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088039	
4	Date 04/22/2025	5 Payee name Uber	
6	Amount (\$) \$8.22	7 Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 04/22/2025	Payee name Uber	
	Amount (\$) \$16.82	Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 04/24/2025	Payee name Uber	
	Amount (\$) \$9.53	Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 60/70 Rpt: 64/75	2 FILER NAME Perez, Vincent (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088039
4	Date 04/28/2025	5 Payee name Uber	
6	Amount (\$) \$9.53	7 Payee address; City; State; Zip Code 1515 3rd Street	
8	PURPOSE OF EXPENDITURE	San Francisco , CA 94158 (a) Category (See Categories listed at the top of this schedule) transportation (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/30/2025	Payee name Uber	
	Amount (\$) \$23.19	Payee address; City; State; Zip Code 1515 3rd Street San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/02/2025	Payee name Uber	
	Amount (\$) \$10.15	Payee address; City; State; Zip Code 1515 3rd Street	
		San Francisco , CA 94158	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense during legislative session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)
Sch: 61/70 Rpt: 65/75	Perez, Vincent (The Honorable)		00088039	
4 Date	5 Payee name		•	
05/02/2025	Uber			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$19.34	1515 3rd Street			
	San Francisco , CA 94158			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on	
OF EXPENDITURE	transportation	Check	if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE			if Austin, TX, officeholder living expense	
		during it	egislative session	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ynt	Office field	
Date OF IOC IOOSE	Payee name			
05/06/2025	Uber			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$16.98	1515 3rd Street			
	San Francisco , CA 94158			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti		
EXPENDITURE	transportation		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
			egislative session	
		J		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
01/13/2025	UberEats			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$80.31	.g.,,,,,,,,			
	TX			
PURPOSE		(b) Descripti	on	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	r course expense	Check	if Austin, TX, officeholder living expense	
		staff lun	ch	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
experiorare to benefit C/O	1			
				·

SCHEDULE F1

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

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

	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: 62/70 Rpt: 66/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	01/26/2025	UberEats
6	Amount (\$) \$27.86	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2025	UberEats
	Amount (\$) \$19.08	Payee address; City; State; Zip Code TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	VRBO
	Amount (\$) \$528.66	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Midland Conference
	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

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: 63/70 Rpt: 67/75	Perez, Vincent (The Honorable) 00088039
4 Date	5 Payee name
01/24/2025	Vino Volo
6 Amount (\$) \$46.64	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense Staff meal
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/22/2025	West Star Tower
Amount (\$) \$6.00	Payee address; City; State; Zip Code
	El Paso, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	Women's Health Caucus
Amount (\$) \$250.00	Payee address; City; State; Zip Code
	Austin, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense dues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/70 Rpt: 68/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	04/18/2025	allsup
6	Amount (\$) \$37.56	7 Payee address; City; State; Zip Code Fort Stockton, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Gas Check if Austin, TX, officeholder living expense gas
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	apple pay
	Amount (\$) \$229.48	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense chatgpt/dropbox
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	03/03/2025	best western plus
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 21151 I-10
		Fort Stockton, TX 79735
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense lodging fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/70 Rpt: 69/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	04/21/2025	best western plus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.20	21151 I-10
		Fort Stockton , TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		lodging
_	Complete ONLY if direct	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	· 	
	Date	Payee name
ᆫ	01/11/2025	capitol parking meter
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	
l		
L		Austin , TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		parking meter
l		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	03/03/2025	conico cocina
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$360.89	610 N Mesa St
l		El Paso , TX 79901
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meeting/legislative business
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the second st	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict category not listed above)	
⊢						
1	Total pages Schedule F1: Sch: 66/70 Rpt: 70/75	2 FILER NAME Perez, Vincent (The Honorable)	3	Filer ID 00088039	(Ethics Commission Filers)	
Ŀ	·					
4	Date	5 Payee name				
	01/02/2025	corner bakery				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
ľ	\$12.10	1301 Airway Blvd				
	Ψ12.10	1301 All Way Biva				
		El Paso, TX 79925				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	<u> </u>			
ľ	OF	· · · · · · · · · · · · · · · · · · ·		side of Texas. Com	plete Schedule T.	
l	EXPENDITURE	1 dod/Beverage Expense		, officeholder living		
l		staff mee			•	
			9			
Ŀ						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld	
	experialture to beliefit C/O	1				
F	Date	Payee name				
	04/12/2025	doordash				
L						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$143.32					
		TX				
L						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 God/Develage Expense		side of Texas. Com		
				, officeholder living	expense	
		staff luncl	1			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1				
H	Date	Dayon nama				
		Payee name				
	04/01/2025	mail chimp				
	Amount (\$)	Payee address; City; State; Zip Code				
1	\$21.32					
		Atlanta CA				
$ldsymbol{f eta}$		Atlanta, GA				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ı			
	OF EXPENDITURE	1 003		side of Texas. Com		
	LAFENDITORE			t, officeholder living	expense	
1		email mai	rketing	platform		
1						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	
1	expenditure to benefit C/O					
\vdash						
1						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/70 Rpt: 71/75	Perez, Vincent (The Honorable) 00088039
4	Date	5 Payee name
	05/01/2025	mail chimp
6	Amount (\$) \$21.32	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email marketing platform
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	03/03/2025	night cap
	Amount (\$) \$294.89	Payee address; City; State; Zip Code 1401 W 6th St
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/26/2025	Payee name oakwells
	Amount (\$) \$14.49	Payee address; City; State; Zip Code 2500 South Bicentenus
		McAllen, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RGV trip
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 68/70 Rpt: 72/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	
	02/07/2025	priceline	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.00	800 Connecticut Ave.	
		Norwalk , CT 06854-1631	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment / the Related	outside of Texas. Complete Schedule T.
		in the second se	n, TX, officeholder living expense vehicle rental
		insulative for	vernole remai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.000 0.00
_	Date	Payee name	
	02/07/2025	priceline	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.97	800 Connecticut Ave.	
	Ψ110.01	ood commonicati, we.	
		Norwalk , CT 06854-1631	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		hotel Fort Sto	JCKIOII
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cinice Held
_	Date	Davisa nama	
	03/12/2025	Payee name priceline	
		Payee address; City; State; Zip Code	
	Amount (\$) \$91.00	800 Connecticut Ave.	
	Φ91.00	500 Connecticut Ave.	
		Norwalk , CT 06854-1631	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment / the Related	n, TX, officeholder living expense
		insurance for	rental vehicle
	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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this forn	n.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 69/70 Rpt: 73/75	Perez, Vincent (The Honorable)		00088039)
4 Date	5 Payee name		I	
03/19/2025	priceline			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$336.48	800 Connecticut Ave.			
	Norwalk , CT 06854-1631			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Transportation Equipment And Related		travel outside of Texas. Co	omplete Schedule T.
EXPENDITORE	Expense	. —	Austin, TX, officeholder livi	ng expense
		rental ve	enicie	
O Commission ONLY if direct	Canadidate/Office halder name	let	Office	la a la
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıyııı	Office	neiu
Date	Payee name			
03/19/2025	priceline			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$91.00	800 Connecticut Ave.			
	Norwalk , CT 06854-1631			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Transportation Equipment And Related		travel outside of Texas. Co Austin, TX, officeholder livi	
	Expense		e for rental veichle	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office	held
expenditure to benefit C/O	H			
Date	Payee name			
04/21/2025	priceline			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$157.97				
	Norwalk , CT 06854-1631			
PURPOSE	·	(b) Description	on.	
OF	(a) Category (See Categories listed at the top of this schedule) lodging		travel outside of Texas. Co	mplete Schedule T.
EXPENDITURE	loaging	Check if	Austin, TX, officeholder livi	ng expense
		Fort Stoo	ckton	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office	held
experiorare 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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 70/70 Rpt: 74/75	Perez, Vincent (The Honorable)	00088039
4	Date	5 Payee name	<u>'</u>
	04/18/2025	sonic drive-in	
6	Amount (\$) \$19.98	7 Payee address; City; State; Zip Code	
		Fort Stockton, TX	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food while traveling
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/11/2025	texaco	
	Amount (\$) \$10.44	Payee address; City; State; Zip Code	
		austin, TX	
	PURPOSE OF EXPENDITURE	Transportation Equipment And Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 75/75 Perez, Vincent (The Honorable) 00088039 Date Payee name 03/31/2025 Airport Printing Services 6 Amount (\$) Payee address; City; State; Zip Code \$6,514.95 7 Leigh Fisher Blvd Reimbursement from political contributions intended Х El Paso, TX 79906 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE** voter information mailer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH