FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069497 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Alyssa G. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Perez CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Enriqueta G. NAME NICKNAME LAST **SUFFIX** Queta Fierro **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 778-0905 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 210 El Paso **District Judge**

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Perez, Alyssa G. (Th	e Honorable)	14 Filer ID 00069497	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 1,062.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 8,598.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		The Hon	orable Alyssa G. Per	ez
		Signature of	of Candidate or Officeho	older
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 9			
18 FILER NA Perez, Al	ME yssa G. (The Honorable)	19 Filer ID 00069497	(Ethics Commission Filers)			
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,062.70			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 4/9	Perez, Alyssa G. (The Honorable) 00069497
4	Date	5 Payee name
	01/03/2025	Extraspace Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
		Canutillo, TX 79835
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
l	02/04/2025	Extraspace Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
l		
l		Canutillo, TX 79835
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
l		Check if Austin, TX, officeholder living expense
		Storage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	D-4-	
	Date 03/04/2025	Payee name
L		Extraspace Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
l		
		Canutillo, TX 79835
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/6 Rpt: 5/9	Perez, Alyssa G. (The Honorable) 00069497
4	Date	5 Payee name
	04/05/2025	Extraspace Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
		Canutillo, TX 79835
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/04/2025	Extraspace Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
		Canutillo, TX 79835
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/04/2025	Extraspace Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	7115 S. Desert
		Canutillo, TX 79835
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	•
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 6/9	Perez, Alyssa G. (The Honorable)	00069497
4	Date	5 Payee name	
	01/07/2025	Sierra Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.98	P.O. Box 660579	
		Dallas, TX 75266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T.
		Check if A	Austin, TX, officeholder living expense
		vvaici	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O	Cardidate/Officerolder frame	Office Held
_	Date	Power name	
	02/07/2025	Payee name Sierra Springs	
	Amount (\$)		
	\$21.98	Payee address; City; State; Zip Code P.O. Box 660579	
	Φ21.90	P.O. BOX 000579	
		D. H TV 75000	
		Dallas, TX 75266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 00d/Deverage Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Water	,,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/21/2025	Sierra Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.98	P.O. Box 660579	
		Dallas, TX 75266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF	,	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Water	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	CAPETIGITUTE TO DETICITE C/OF		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 4/6 Rpt: 7/9	Perez, Alyssa G. (The Honorable)	00069497
4	Date	5 Payee name	
	03/27/2025	Sierra Springs	
6	` '	7 Payee address; City; State; Zip Code	
	\$45.95	P.O. Box 660579	
		Dallas, TX 75266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 odarbeverage Expense	outside of Texas. Complete Schedule T. I, TX, officeholder living expense
		Water	, 1A, unicerolder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
_	Date	Payee name	
	04/09/2025	Sierra Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.98	P.O. Box 660579	
		Dallas, TX 75266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/beverage Expense	outside of Texas. Complete Schedule T.
		Water	a, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
	Date	Payee name	
	05/07/2025	Sierra Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.83	P.O. Box 660579	
		Dallas, TX 75266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	_	Check if Austin	ı, TX, officeholder living expense
		Water	
	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 Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

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: 5/6 Rpt: 8/9 Perez, Alyssa G. (The Honorable) 00069497 4 Date Payee name 01/10/2025 Westside Democrats 6 Amount (\$) Payee address; City; State; Zip Code \$40.00 405 Valplano El Paso, TX 79912 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 Westside Democrats Amount (\$) Payee address; City; State; Zip Code \$40.00 405 Valplano El Paso, TX 79912 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/11/2025 Westside Democrats Amount (\$) Payee address: City; State; Zip Code \$40.00 405 Valplano El Paso, TX 79912 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	Committee	Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment		The Instruction G	uide explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:	FILER N	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/9	Perez,	Alyssa G. (The Hon	orable)				00069497	
4	Date	Payee r	name				_		
	04/10/2025	Westsi	de Democrats						
6	Amount (\$)	Payee a	address; City;	State; Zip C	ode				
	\$40.00	405 Va	Iplano						
		El Paso	o, TX 79912						
8	PURPOSE	a) Categor	y (See Categories listed at	the tap of this schedule)	(b)	Description			
	OF		outions/Donations M		`´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		late/Officeholder/Pol			\Box	, TX,	officeholder living	g expense
						Contribution			
_					<u> </u>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidat	e/Officeholder name	Office so	ught			Office he	eld
	Date	Payee r							
	05/11/2025	Westsi	de Democrats						
	Amount (\$)	Payee a		State; Zip C	ode				
	\$40.00	405 Va	Iplano						
		El Paso	o, TX 79912						
	PURPOSE OF		y (See Categories listed at		(b)	Description			
	EXPENDITURE		outions/Donations Ma late/Officeholder/Pol	,		=		de of Texas. Com officeholder living	plete Schedule T.
		Cariulu	late/Officeriolder/Pol	illicai Committee		Contribution	,,	omocnoidor non (, oxponed
	Complete ONLY if direct	Candidat	e/Officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee r	name						
	06/11/2025	Westsi	de Democrats						
	Amount (\$)	Payee a	address; City;	State; Zip C	ode				
	\$40.00	405 Va	lplano						
		El Paso	o, TX 79912						
	PURPOSE	a) Categor	y (See Categories listed at	the top of this schedule)	(b)	Description			
	OF		outions/Donations M		`´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		ate/Officeholder/Pol				, TX,	officeholder living	g expense
						Contribution			
_	0 1 0 0 0 0 0		101111111111111111111111111111111111111		<u> </u>			- · ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidat	e/Officeholder name	Office so	ught			Office he	eia