CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00068026 24 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Mary Ann G. 07/15/2025 NAME NICKNAME LAST **SUFFIX** Perez Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** I received a check and somehow omitted it. I will keep the envelop and a copy of the check to show the postmark date and check date just in case I need it in the future. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Sworn to and subscribed before me, by the said _______, this the ______ day of ______, 20______, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

The Honorable Mary Ann G. Perez Signature of Candidate or Officeholder

filed was made in good faith.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

AFFIX NOTARY STAMP / SEAL ABOVE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				1 Filer ID		2 Total pages fi	led:
The C/OH Inst	truction C	Guide explains how to com	plete this form.	(Ethics Commi		2	24
		T		00068026			
3 CANDIDAT		MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHO NAME	JLDEK	The Honorable	Mary Ann G.			Date Received	
IVAIVIE							ALL V EU ED
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	07/15/2025	
			Perez				
						Date Hand delivered a	- Data Dastranda d
4 CANDIDAT OFFICEHO		ADDRESS / PO BOX; AF	YI / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
MAILING	DEDER	5223 Sleepy Creek Dr.					
ADDRESS						Receipt #	Amount
Change o	f Address	Houston, TX 77017					
I Ш		Tiousion, TX TTOIT				Date Processed	
						Date Imaged	
5 CAMPAIGN	V	MS / MRS / MR	FIRST		MI	-	
TREASUR	ER	Mr.	Daniel				
NAME			Darnor				
		NICKNAME	LAST		SUFFIX		
			Perez		III		
6 CAMPAIGN	N N	STREET ADDRESS (NO P	O BOX PLEASE);	AP ⁻	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASUR	ER	5223 Sleepy Creek Dr.	- ,,		, , , ,		,
ADDRESS		OZZO Głecpy Greek Br.					
(Residence or	Business)						
		Houston, TX 77017					
7 CAMPAIGN		AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURI PHONE	EK	(713) 854-5489					
1110112							
8 REPORT							
TYPE		January 15	30th day before	e election	Runoff	15th day after ca	mpaign treasurer
			_		_	appointment (offi	
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
					reporting infinit		
9 PERIOD		Month Day Year			Month Day	Year	
COVERED)	01/01/2025	TH	HROUGH	06/30/202	5	
10 ELECTION	l	ELECTION DATE			ELECTION TYPE		
20 222011011		Month Day Year	.	rimary	Runoff	Other	
		11/12/2024	<u> </u>				
		11/12/2024	ΧG	eneral	Special		
11 OFFICE		OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)	
		State Representative Dis	strict 144 Harris		State Representa		
		Ciate Representative Bi	501100 144 1101115		Otate Represent	auve District 144	
l							
l			ദവ T	O PAGE 2			
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 24

13 C / OH NAME	Perez, Mary Ann G. (The Honorable)		14 Filer ID 00068026	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditumay have been made without quired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CO	NTRIBUTIONS (OTHER THA	N PLEDGES LOANS	: 1	
TOTALS	OR GUARANTE	ES OF LOANS, OR C	CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	S OR GUARANTEES OF LOANS	5)	\$	19,075.00
EXPENDITURE TOTALS		IZED POLITICAL EXI			\$	7,001.58
	4. TOTAL POLITIC	CAL EXPENDITURES	.		\$	39,108.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	191,094.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP		LOUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tr	swear, or affirm, under penalty rue and correct and includes a nder Title 15, Election Code.			
		_		able Mary Ann G. P Candidate or Officeho		
			Signature of	Candidate of Officerio	oluei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness n	ny hand and seal of office.			
Signature of offi	cer administering	Printed name o	f officer administering	Title of office	er administer	ing oath
3	ŭ		Ŭ			Ŭ

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

)VE	R SHEET PG 3 4 of 24
	LER NAM erez, Ma	ME ary Ann G. (The Honorable)	19 Filer ID 00068026	(Ethi	cs Commission Filers)
	CHEDULI AME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,500.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	575.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	39,108.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIB		SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this form	n.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/24	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 06/24/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$200.00
_		Austin, TX 78701 Ination / Joh title (See Instructions) 9					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Glass, Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	The Woodlands, TX 77375 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Principal occupation / Job title (See Instructions) Pilot Employer (See Instruction Houston Pilot Associati						
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Houston Pilots PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00		
		Deer Park, TX 77536					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/24/2025	Full name of contributor out-of-state P. Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768	PAC)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state P. Mike Toomey & Associates Contributor address; City; State; Zip Code Austin, TX 78701	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			<u> </u>				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/24		
2	FILER NAME Perez, Mary	Ann G. (The Honorable)				3	Filer ID (Ethics Commission 00068026	on Filers)	
4	Date 06/24/2025	5 Full name of contributor Miller, Lindsay6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Austin, TX 75201 cupation / Job title (See Instructions) 9 Employer (See Instructions)			Employer (See Instructions	?) 			
_	Lobbyist					•			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Moak Casey PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00				
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)				Employer (See Instructions	·/			
	Fillicipal occu	pation / Job title (See Instructions	5)		Employer (See instructions	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Ramirez, Rene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00				
		Edinburg, TX 78539							
	Principal occu Lobbyist	pation / Job title (See Instructions	5)		Employer (See Instructions Pathfinder Public Affairs				
	Date 06/24/2025	Full name of contributor Rodriguez, Marc Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Lobbyist	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Saldana, Amanda Contributor address; City; State; Zip Code Pharr, TX 78577			Amount of Contribution (\$)	\$500.00				
	Principal occu Lobbyist	pation / Job title (See Instructions	5)		Employer (See Instructions Pathfinder Public Affairs				
	-								

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/24	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 06/24/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Round Mountain, TX 78663 cupation / Job title (See Instructions) 9 Employer (See Instructions)			<u> </u>		
	Lobbyist						
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Targas Resources Corp. Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Houston, TX 77002						
Principal occupation / Job title (See Instructions) Employer (See Instructions)					s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Texas Food & Fuel Assoc. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Texas Our Texas PAC Contributor address; City; State; Zip Code Austin, TX 78767)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/24	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)		3	Filer ID (Ethics Commission 00068026	Filers)
4	Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#:) Van De Putte, Leticia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
8	San Antonio, TX 78201 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction					
	Consultant Date Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas BW-PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Winegar , Clint Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Ship Pilot	Tiki Island, TX 77554 upation / Job title (See Instructions)	Employer (See Instructions Houston Pilots	<u> </u> s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The line of the	ration Cuido avaleina haveta accordate this f		1 Total pages Schedule A2:		
i ne instru	iction Guide explains how to complete this f	orm.	Sch: 1/1 Rpt: 9/24		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Perez, Mary	Ann G. (The Honorable)		00068026		
4			_		
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
06/24/2025	Ingersoll, Deborah		contribution (\$) description \$275.00 Event Coordination		
	7 Contributor address; City; State; Zip Code		I		
			i		
			<u> </u>		
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	•		
Consultant		Legislative Solutior	าร		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
06/24/2025	Montford, John	/	contribution (\$) description		
	Contributor address; City; State; Zip Code		\$300.00 Fundraiser Venue Cost		
			į į		
			i		
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Lobbyist		GTM Consulting			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	, , , , , , , , , , , , , , , , , , , ,				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 10/24	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	01/03/2025	AMLI Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,282.92	421 E. 3rd Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Apartment Rent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	AMLI Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,565.19	421 E. 3rd Street
	+3,333.23	
		Austin TV 70701
		Austin, TX 78701
	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
		Apartment Rental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	03/04/2025	AMLI Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,534.62	421 E. 3rd Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	·

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
Git/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Gift/Awards/Memorials E Legal Services	xpense	Printing Exp Salaries/Wa		: Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)	
L	Credit Card Payment		The Instruction Gui	de explains h	ow to con	nplet	te this form.				
1	Total pages Schedule F1:	2 FILER NAM	<u></u>					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/15 Rpt: 11/24	Perez, Ma	ary Ann G. (The Ho	norable)					00068026		
4	Date	5 Payee nam	ie								
	04/03/2025	AMLI Apa	rtments								
6	Amount (\$)	7 Payee add	ress; City;	State;	Zip Coo	de					
	\$3,519.08	421 E. 3rd	d Street								
		Austin, T	(78701								
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		erhead/Rental Expe			ļ	=			plete Schedule T.	
							_	, TX,	officeholder living	g expense	
							Apartment				
_	0 1. 0	<u> </u>	·						O :		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Of	ffice soug	ght			Office h	eld	
	Date	Payee nam	ie								
	05/05/2025	AMLI Apa	rtments								
	Amount (\$)	Payee add	ress; City;	State;	Zip Cod	de					
	\$3,530.88	421 E. 3rd	d Street								
		Austin, T	X 78701								
	PURPOSE	(a) Category	(See Categories listed at the	top of this schee	dule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expe	ense		ļ	=			plete Schedule T.	
							x Check if Austin, Apartment	, 1X,	officeholder living	g expense	
							γραιιποπι				
_	Complete ONLY if direct	Candidate/C	fficeholder name	<u></u>	ffice cour	tdr			Office he	eld.	
	Complete ONLY if direct expenditure to benefit C/OI		micenoluei Haille	Oi	ffice soug	giil			Office H	ciu	
L		i									
	Date	Payee nam									
	06/03/2025	AMLI Apa	rtments								
	Amount (\$)	Payee add		State;	Zip Coo	de					
	\$3,553.09	421 E. 3rd	d Street								
		Austin, T	78701								
	PURPOSE	(a) Category	(See Categories listed at the	top of this schee	dule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expe	ense		ļ				nplete Schedule T.	
	-							, TX,	officeholder living	g expense	
							Apartment				
	Complete ONU V if allows	Condidet (2	ffice health and a second		4 :	n la ć			Office	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Ot	ffice soug	ynt			Office h	eiu	
	, , , , , , , , , , , , , , , , , , , ,										

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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 12/24	Perez, Mary Ann G. (The Honorable)		00068026
4	Date	5 Payee name		-
	01/13/2025	AT&T Mobility		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$321.26	P O Box 650574		
		Dallas, TX 75265		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Telephone Service
				relephone Service
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		jiic	Office field
_	Date	Davisa nama		
	02/12/2025	Payee name AT&T Mobility		
	Amount (\$)	•	10	
	\$321.32	Payee address; City; State; Zip Cod P O Box 650574	ie.	
	φ321.32	F O Box 030374		
		Dallas TV 75265		
	DUDDOOF	Dallas, TX 75265	/I- \	
	PURPOSE OF	, , ,	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Telephone
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/17/2025	AT&T Mobility		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$281.94	P O Box 650574		
		Dallas, TX 75265		
	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.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Telephone
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıb+	Office hold
	Complete ONLY if direct expenditure to benefit C/O	9	JIIL	Office held

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

Printing Expense Salaries/Wages/Contract Labor

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: 4/15 Rpt: 13/24	Perez, Mary Ann G. (The Honorable) 00068026				
4	Date	5 Payee name				
	04/14/2025	AT&T Mobility				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$291.03	P O Box 650574				
		Dallas, TX 75265				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense Telephone				
		Γειεμποπε				
_	Compulate ONII V if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/OI					
	·					
	Date	Payee name				
	05/15/2025	AT&T Mobility				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$291.03	P O Box 650574				
		Dallas, TX 75265				
	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 Telephone				
		Totophone				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data	Davies same				
	Date 06/12/2025	Payee name AT&T Mobility				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$306.25	P O Box 650574				
		Dallas, TX 75265				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense Telephone				
		ι ειεμποπε				
_	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 Con

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
_	T-t-1 O-b1-1- F1.	la ellebalara	<u> </u>	iding now to co	, III PI		_	Ell ID	(Ethios Commission	Filana)	
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commissi	on Filers)	
	Sch: 5/15 Rpt: 14/24	Perez, Mar	y Ann G. (The Honorab	ole)				00068026			
4	Date	5 Payee name									
	03/10/2025	ActBlue									
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode						
	\$250.00	14 Arrow S	treet								
		Suite 11									
		Cambridge	MA 02138								
_	DUDDOCE				/b\						
8	PURPOSE OF		ee Categories listed at the top of t		(a)	Description Check if travel	nute	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE		ns/Donations Made By Officeholder/Political C			_		, officeholder living			
		Carraidator				Paola Fusilie					
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld		
	expenditure to benefit C/OI	H									
	Date	Payee name									
	03/21/2025	ActBlue									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$250.00	14 Arrow S	treet								
		Suite 11									
		Cambridge	. MA 02138								
	PURPOSE				(h)	Description					
	OF		ee Categories listed at the top of the solutions of the community of the c		(2)	_	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		Officeholder/Political C		Check if Austin, TX, officeholder living expense						
						Bruce Leamo	n (Campaign			
	Complete ONLY if direct		ceholder name	Office sou	ight			Office he	eld		
	expenditure to benefit C/OI	Н									
	Date	Payee name									
	01/16/2025	Apple.com									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$108.24	1 Apple Pa	rk Way	•							
			•								
		Cupertino,	CA 95014								
	PURPOSE	·			(b)	Description					
	OF		ee Categories listed at the top of the head/Rental Expense	his schedule)	(0)	Description Check if travel	outsi	ide of Texas. Com	olete Schedule T.		
	EXPENDITURE	Office Over	neau/Reniai Expense					, officeholder living			
						Supplies					
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld		
	expenditure to benefit C/OI	Н									

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: 6/15 Rpt: 15/24	2 FILER NAME Perez, Mary Ann G. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068026
4	Date 05/22/2025	5 Payee name Arnold, Elaine
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 6805 Wood Hollow Drive
8	PURPOSE OF	Austin, TX 78731-3254 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Staff Sine Die Shirts
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/14/2025	Payee name Atlas Auto Glass
	Amount (\$) \$1,042.00	Payee address; City; State; Zip Code 8070 Moline Street
		Houston, TX 77061
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Windshield Repair (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/24/2025	Payee name Bruce Leamon Campaign
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 117 Allendale Road
		Pasadena, TX 77502
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/15 Rpt: 16/24	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	04/02/2025	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.73	1100 Congress Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Floor Pages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Curry, Pat
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	204 Woodhew Drive
		Waco, TX 76712
	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
		Chairman Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.13	1009S I-35
		Austin, TX 78747
	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
		Water Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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

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: 8/15 Rpt: 17/24 Perez, Mary Ann G. (The Honorable) 00068026 4 Date Payee name 04/28/2025 Hilton Hotel 6 Amount (\$) Payee address; State; Zip Code \$137.00 200 S Alamo Street San Antonio, TX 78205 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fiesta Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 Houston Livestock Show & Rodeo Amount (\$) Payee address; City; State; Zip Code \$500.00 3 NRG Park Houston, TX 77054 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/07/2025 Johnathan's The Rub Amount (\$) Payee address; City; State; Zip Code \$245.60 2929 Navigation Suite 200 Houston, TX 77003 **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 **Electeds Dinner** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form					Travel Out of District OTHER (enter a category not listed above)				
		The Instruction Guide explains how to complete this form.					_		(=1)				
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/15 Rpt: 18/24		Perez, Mary	Ann G. (The	Honorable)					00068026			
4	Date		Payee name										
	04/04/2025		LULAC Cou	ıncil 60									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de						
	\$100.00		5503 Lawno	dale Street									
			Houston, TX	K 77023									
8	PURPOSE		<u> </u>		t the ten of this ask	aodulo)	(b)	Description				_	
	OF	ı	Fees	ee Categories listed a	ı ure top of this sch	ledule)	()		outsi	de of Texas. Co	mplete Schedule T.		
	EXPENDITURE		. 555							officeholder livir	•		
								Membership	Fee	es			
9	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office h	neld		
	expenditure to benefit C/O	H											
	Date		Payee name									_	
	01/17/2025		Legislative :	Study Group									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de						
	\$1,000.00		P O Box 12	943									
	•												
			Austin, TX 7	78711									
_	PURPOSE		<u> </u>			1	(b)	Dogorintian					
	OF	l	,	ee Categories listed a	t the top of this sch	nedule)	(n)	Description Check if travel of	outsi	de of Texas Co	mplete Schedule T.		
	EXPENDITURE		Fees					=		officeholder livir			
								Membership					
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office h	neld		
	expenditure to benefit C/OI	Н											
H	Date		Payee name									=	
	03/13/2025	l	North Italia										
\vdash	Amount (\$)	_	Payee addres	ss; City;	State	; Zip Co	de					_	
	\$175.37	ı	500 W 2nd		Sidio	, _,p 000	40						
	Ψ110.01	l		. .									
		l	#120	70704									
			Austin, TX 7	/8701									
	PURPOSE OF		•	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			and to Oaked 1. T		
	EXPENDITURE		Food/Bever	age Expense				므		de of Texas. Co officeholder livir	mplete Schedule T.		
								Office Lunch	, 1^,	omocnoidel IIVII	ng expense		
								JIIIOO EUIIOII					
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	aht			Office h	neld		
	expenditure to benefit C/O		.a. iaiaato/OIII	sonoidor ridirio		C.1100 300Q	9.11			3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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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: 10/15 Rpt: 19/24	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	01/07/2025	Pasadena Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4334 Fairmont Parkway
		Pasadena, TX 77504
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Fees
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
L	05/12/2025	Perfect ETCH
l	Amount (\$)	Payee address; City; State; Zip Code
	\$647.13	3607 San Antonio Street
		Austin, TX 78734
	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
		Staff Sine Die Gifts
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	04/14/2025	Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	11221 Mickelson Dr.
l		
		Austin, TX 78747
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Panoramic Photo
L	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 11/15 Rpt: 20/24	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	01/02/2025	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.00	8430 Gulf Freeway
		Houston, TX 77017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Houston Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date 02/03/2025	Payee name Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.00	8430 Gulf Freeway
		Houston, TX 77017
	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
	Date	Payee name
	02/04/2025	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.00	8430 Gulf Freeway
		Houston, TX 77017
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage
	Operation ONE V. C. F.	Openhalte (Office health a grant of the control of
	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	al Committee Legal Services Sa The Instruction Guide explains how		s/Contract Labor OTHER (enter a category not listed above) lete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 12/15 Rpt: 21/24	Perez, Mary Ann G. (The Honorable)		00068026					
4	Date	5 Payee name		•					
	04/04/2025	Public Storage							
6	Amount (\$)	7 Payee address; City; State; Zi	p Code						
	\$116.00	8430 Gulf Freeway							
		ĺ							
		Houston, TX 77017							
		Houston, IX IIOII							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	e) (b)	Description					
	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 expenditure to benefit C/Ol		e sought	Office held					
	experiulture to beliefft C/OI	····							
_	Date	Payee name							
	05/05/2025	Public Storage							
	Amount (\$)	Payee address; City; State; Zi	n Code						
	\$116.00		p Couc						
	Φ110.00	8430 Gulf Freeway							
		Houston, TX 77017							
	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.					
	EXPENDITORE			Check if Austin, TX, officeholder living expense					
				Storage					
	Complete ONLY if direct		e sought	Office held					
	expenditure to benefit C/O	Н							
	Date	Payee name							
	06/04/2025	Public Storage							
		_							
	Amount (\$)	Payee address; City; State; Zi	p Code						
	\$116.00	8430 Gulf Freeway							
		Houston, TX 77017							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b)	Description					
	OF	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Onice Overnead/Nental Expense	Check if Austin, TX, officeholder living expense						
				Storage					
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	Office held					
	expenditure to benefit C/O		o oougin	Since Hold					

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 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Gift/Awards/Memorials Expense mmittee Legal Services				Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains	s how to complete this form.						
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)			
	Sch: 13/15 Rpt: 22/24		Perez, Mary Ann G. (The Honorable)			00068026				
4	Date	5	Payee name							
	05/27/2025		Signature Aspen							

EXPENDITURE CATEGORIES FOR BOX 8(a)

4	Date	5 Payee name
	05/27/2025	Signature Aspen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,298.95	3300 Kingswood Ln
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		High School Graduation Certificates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	03/28/2025	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$205.68	8801 South 1st Street
		Suite 100
		Austin, TX 78748
	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
		Houston Pilots Awards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/06/2025	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$166.00	Payee address; City; State; Zip Code 8801 South 1st Street
	` '	
	` '	8801 South 1st Street
	\$166.00 PURPOSE	8801 South 1st Street Suite 100 Austin, TX 78748 (a) Category (See Categories listed at the top of this schedule) (b) Description
	\$166.00	8801 South 1st Street Suite 100 Austin, TX 78748 (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.
	\$166.00 PURPOSE OF	8801 South 1st Street Suite 100 Austin, TX 78748 (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
	\$166.00 PURPOSE OF	8801 South 1st Street Suite 100 Austin, TX 78748 (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.
	\$166.00 PURPOSE OF	8801 South 1st Street Suite 100 Austin, TX 78748 (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 Houston Firefighters Award Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/15 Rpt: 23/24	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	01/07/2025	U.S. Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.55	4020 Broadway Street
		Houston, TX 77087
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Stamps
		Stamps
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	n
	Date	Payee name
	04/07/2025	Viva Day Spa
	Amount (\$)	Payee address; City; State; Zip Code
	\$246.00	215 S Lamar Street
	Ψ240.00	213 3 Lamai Street
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Chief of Staff Birthday
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
F	Date	Payee name
	01/13/2025	Walmart
\vdash		
	Amount (\$)	
	\$153.40	1107 Shaver Street
		Pasadena, TX 77506
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense	-	nse es/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		ove)
1	Total pages Schedule F1: Sch: 15/15 Rpt: 24/24	2		E ry Ann G. (The H	lonorable)			3	Filer ID 00068026	(Ethics Commiss	ion Filers)
	Date 02/04/2025	5	Payee name Walmart		,						
6	Amount (\$) \$170.99	7	Payee addre 1107 Shav Pasadena,	er Street	State;	Zip Code					
8	PURPOSE OF EXPENDITURE	(a)		See Categories listed at t rhead/Rental Ex		edule) (b			de of Texas. Com	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	0	office sough			Office h	eld	