

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090024	2 Total pages filed: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Melva	MI	OFFICE USE ONLY		
	NICKNAME	LAST Rivera Perez	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7102 Nottingshire			Date Hand-delivered or Date Postmarked		
	Schertz, TX 78154			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Roberto	MI			
	NICKNAME	LAST Perez	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 7102 Nottingshire		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Schertz, TX 78154					
7 CAMPAIGN TREASURER PHONE	AREA CODE (830) 422-5970	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 09/08/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 119 Bexar			12 OFFICE SOUGHT (if known) State Representative District 119		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Rivera Perez, Melva (Mrs.)		14 Filer ID (Ethics Commission Filers) 00090024
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> COMMITTEE NAME </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SPECIFIC <input type="checkbox"/> COMMITTEE ADDRESS </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER NAME <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER ADDRESS <input type="checkbox"/> </div>			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 14,924.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 8.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Melva Rivera Perez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Rivera Perez, Melva (Mrs.)	19 Filer ID (Ethics Commission Filers) 00090024
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,550.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,552.23
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 10,372.42
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 437.47

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/13
2 FILER NAME Rivera Perez, Melva (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090024
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Gregory (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Moseley, VA 23120	
8 Principal occupation / Job title (See Instructions) Federal Project Manager		9 Employer (See Instructions) Oracle
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant Ret., Michelle (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
Principal occupation / Job title (See Instructions) Retired Military Soldier		Employer (See Instructions) Retired US Army
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Roxanna (Major)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Military Soldier		Employer (See Instructions) US Army
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castano R.N., Luis (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Selma, TX 78154	
Principal occupation / Job title (See Instructions) Nurse Supervisor		Employer (See Instructions) University Health
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daigle-Hutchins Ret., Paula (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired Military Soldier		Employer (See Instructions) Retired US Army

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/13
2 FILER NAME Rivera Perez, Melva (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090024
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Pedro (Sgt.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78250	
8 Principal occupation / Job title (See Instructions) Military Soldier		9 Employer (See Instructions) US Army
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Tania (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Military Soldier		Employer (See Instructions) US Army
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales Ret., Daniel (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Saint Hegwig, TX 78152	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired US Army
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Joyce (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78263	
Principal occupation / Job title (See Instructions) Retired Civil Service		Employer (See Instructions) Retired Federal Employee
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Ryan (Capt.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Military Soldier		Employer (See Instructions) US Army

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/13
2 FILER NAME Rivera Perez, Melva (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090024
4 Date 10/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Jolene (Major)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Universal City, TX 78148	
8 Principal occupation / Job title (See Instructions) Military Soldier		9 Employer (See Instructions) US Army
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horner Ret., Shelley (Mrs.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Retired Military Soldier		Employer (See Instructions) Retired US Army
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labbe Ret., Lashandra (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77044	
Principal occupation / Job title (See Instructions) Retired Military Soldier		Employer (See Instructions) Retired US Army
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lendermann, John (Capt.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Bryan, TX 77808	
Principal occupation / Job title (See Instructions) Military Soldier		Employer (See Instructions) US Army
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundsford, James (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Laboratory Manager		Employer (See Instructions) Urology San Antonio, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/13
2 FILER NAME Rivera Perez, Melva (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090024
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGraw, Nicholas (Sgt.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78223	
8 Principal occupation / Job title (See Instructions) Military Soldier		9 Employer (See Instructions) US Army
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Brad (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Caldwell, TX 77836	
Principal occupation / Job title (See Instructions) Insurance Subject Matter Expert		Employer (See Instructions) Pilot Catastrophe
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Roy (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Schertz, TX 78154	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Schertz Bank & Trust
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sean (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Converse, TX 78109	
Principal occupation / Job title (See Instructions) Home Owner Association Security Officer		Employer (See Instructions) Blue Armor Security
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solorzano Ret., Jose (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78259	
Principal occupation / Job title (See Instructions) Retired Military Soldier		Employer (See Instructions) Retired US Army

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.			
2 FILER NAME Rivera Perez, Melva (Mrs.)			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (If applicable)
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 1/2 Rpt: 9/13	2 FILER NAME Rivera Perez, Melva (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090024
4 Date 12/30/2025	5 Payee name Avila, Henry (Mr.)	
6 Amount (\$) \$2,700.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78211	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense installation and placement of 100 4x8 campaign signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name GoDaddy.com, LLC	
Amount (\$) \$164.76	Payee address; City; State; Zip Code 100 S. Mill AVE Suite 1600 Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain/website and marketing renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Republican Party of Bexar County	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 909 NE Loop 410 W Ste. #801 San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee to run for State Representative of HD 119
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 2/2 Rpt: 10/13	2 FILER NAME Rivera Perez, Melva (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090024
4 Date 12/02/2025	5 Payee name Stephens, Norma (Mrs.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Cibolo, TX 78108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense build/create campaign website; melvafortexas.com
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Walmart	
Amount (\$) \$437.47	Payee address; City; State; Zip Code 702 SW 8th Street Bentonville, AR 72716	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign Dell tablet for campaign operation use only; paid with candidate personal funds
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 11/13	2 FILER NAME Rivera Perez, Melva (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090024	
4 Date 12/29/2025	5 Payee name 3D Signs		
6 Amount (\$) \$4,049.63 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design, create, and purchase of business cards, letterhead, push cards, 18x24 & 4x8 signs	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/29/2025	Payee name McShane LLC, DBA: RMC		
Amount (\$) \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6950 Obannon #100 Las Vegas, NV 89117		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense purchase of a donor roster to solicit campaign funds	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/15/2025	Payee name Red Zone Public Affairs		
Amount (\$) \$3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7500 Callaghan Rd San Antonio, TX 78229		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Retainer; Campaign Management; produce biography video of state representative candidate	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/2 Rpt: 12/13	2 FILER NAME Rivera Perez, Melva (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090024
4 Date 10/08/2025	5 Payee name Red Zone Public Affairs	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7500 Callaghan Rd San Antonio, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly consulting fee; created campaign facebook page; content for website; content for push cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/07/2025	Payee name Red Zone Public Affairs	
Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7500 Callaghan Rd San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly consulting fee; 1:1 meet up with Bexar GOP Chair; schedule speaking engagements
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/10/2025	Payee name Schertz Bank and Trust	
Amount (\$) \$22.79 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 519 Main Street Schertz, TX 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense order/purchase campaign bank account double checks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 13/13
2 FILER NAME Rivera Perez, Melva (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090024
4 Date 10/23/2025	5 Name of person from whom amount is received Walmart	8 Amount (\$) \$437.47
	6 Address of person from whom amount is received; City; State; Zip Code Bentonville, TX 72716	
	7 Purpose for which amount is received campaign Dell tablet for campaign operation use only; paid with candidate personal funds	<input type="checkbox"/> Check if political contribution returned to filer