

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 | |
| | NICKNAME | | LAST Rivera Perez | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; 7102 Nottingshire Schertz, TX 78154 | | ZIP CODE | |
| | | OFFICE USE ONLY | | | |
| | | Date Received ELECTRONICALLY FILED 01/14/2026 | | | |
| | | Date Hand-delivered or Date Postmarked | | | |
| 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); APT / SUITE #; CITY; STATE; ZIP CODE 7102 Nottingshire Schertz, TX 78154 | | | |
| 7 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (830) 422-5970 | | | |
| 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 Day Year THROUGH Month Day Year 09/08/2025 12/31/2025 | | | |
| 10 ELECTION | | ELECTION DATE Month Day Year 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 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 13

| | | | |
|----------------|----------------------------|-------------|----------------------------|
| 13 C / OH NAME | Rivera Perez, Melva (Mrs.) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00090024 | |

| | | |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------|---|----|-----------|
| 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 00090024 | (Ethics Commission Filers) |
| 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.) <hr/> 6 Contributor address; City; State; Zip Code Moseley, VA 23120 | 7 Amount of Contribution (\$) \$100.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645 | Amount of Contribution (\$) \$50.00 |
| 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) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738 | Amount of Contribution (\$) \$100.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Selma, TX 78154 | Amount of Contribution (\$) \$500.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77062 | Amount of Contribution (\$) \$50.00 |
| 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.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78250 | 7 Amount of Contribution (\$) \$100.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163 | Amount of Contribution (\$) \$100.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Saint Hegwig, TX 78152 | Amount of Contribution (\$) \$500.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78263 | Amount of Contribution (\$) \$50.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660 | Amount of Contribution (\$) \$50.00 |
| 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) <hr/> 6 Contributor address; City; State; Zip Code Universal City, TX 78148 | 7 Amount of Contribution (\$) \$100.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132 | Amount of Contribution (\$) \$250.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044 | Amount of Contribution (\$) \$50.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808 | Amount of Contribution (\$) \$200.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251 | Amount of Contribution (\$) \$150.00 |
| 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.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78223 | 7 Amount of Contribution (\$) \$50.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$1,000.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154 | Amount of Contribution (\$) \$1,000.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code Converse, TX 78109 | Amount of Contribution (\$) \$50.00 |
| 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.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259 | Amount of Contribution (\$) \$100.00 |
| 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.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 8/13

2 FILER NAME
Rivera Perez, Melva (Mrs.)

3 Filer ID (Ethics Commission Filers)
00090024

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ 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
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 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
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 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/29/2025 | Candidate/Officeholder name Office sought Office held | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/15/2025 | Candidate/Officeholder name Office sought Office held | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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: 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 Office held |
| 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 Office held |
| 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

☐ Check if political contribution returned to filer
campaign Dell tablet for campaign operation use only; paid with candidate personal funds