

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <b>00090386</b>	2 Total pages filed:		
3 CANDIDATE NAME	MS / MRS / MR <b>Mrs</b> FIRST <b>Tiffany</b> MI <b>M</b> NICKNAME LAST SUFFIX <b>Perrine</b>		<b>OFFICE USE ONLY</b>  Date Received <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JAN 21 2026</b>  <b>Texas Ethics Commission</b> </div> Date Hand-delivered or Date Postmarked <b>by mail</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> </table> Date Processed <b>prc'd:1.27.26</b> Date Imaged	Receipt #	Amount \$
Receipt #	Amount \$				
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>4701 Boyd GROVES, TX 77619</b>				
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(409) 543-4747</b>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Tiffany</b> FIRST <b>M</b> MI NICKNAME LAST SUFFIX <b>Perrine</b>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>4701 Boyd GROVES, TX 77619</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(409) 543-4747</b>				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)				
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>12 / 01 / 2025</b> <b>12 / 31 / 2025</b>				
11 CONVENTION / ELECTION DATE	Month Day Year <b>11 / 3 / 2026</b>	12 OFFICE SOUGHT <b>State Board of Education - 7</b>	<input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR		
13 POLITICAL PARTY	COUNTY (If Applicable) <b>Democrat</b>				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2    D:101034543

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

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

15 CANDIDATE NAME <u>Tiffany Perkinz</u>		16 Filer ID (Ethics Commission Filers) <u>00090386</u>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>580.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>580.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>580.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>527.20</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>52.80</u> <del>98.67</del>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

18 SIGNATURE 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.

*Tiffany Perkinz*  
Signature of Candidate

**Please complete either option below:**

(1) Affidavit

NOTARY STAMP/ SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

My name is Tiffany Perkinz, and my date of birth is [REDACTED]  
My address is 4701 Boyd Groves TX 77619 USA  
(street) (city) (state) (zip code) (country)  
Executed in Jefferson County, State of TX, on the 15 day of January, 20 26  
(month) (year)  
*Tiffany Perkinz*  
Signature of Candidate (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Tiffany Pergrin		3 Filer ID (Ethics Commission Filers) 00090386
4 Date 12/4/ 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandy Parker	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [Redacted] Manvel, TX 77578		
8 Principal occupation / Job title (See Instructions) HR Director		9 Employer (See Instructions) Houston Methodist
Date 12/6/ 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Farha Ahmed	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Sugar Land, TX 77578		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Tiffany Perlinz</b>	3 Filer ID (Ethics Commission Filers) <b>00090386</b>
4 Date <b>12/24</b>	5 Payee name <b>Act Blue - Brazoria County Democratic Party</b>	
6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <b>Angleton, TX</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Political Expense</b>	(b) Description <b>Sponsorship of Democratic gala</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>12/31/25</b>	Payee name <b>Walgreens # 11275 Groves</b>	
Amount (\$) <b>\$27.20</b>	Payee address; City; State; Zip Code <b>Groves, TX</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>8a Printing Expense</b>	Description <b>Campaign printing supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

[illegible]

**SECRET**

