

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)

2 Total pages filed:

29

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR

FIRST

Victor

MI

M.

NICKNAME

Perez

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4715 Bryce Landing Lane, Katy, TX, 77494

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 825-4377

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR

FIRST

Adam

MI

NICKNAME

Vynal

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

4011 Wheat Harvest Lane, Katy, TX, 77494

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 838-6092

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

1 / 1 / 2025 THROUGH 3 / 27 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

5 / 3 / 2025

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Katy ISD Trustee Pos. 1

13 OFFICE SOUGHT (if known)

Katy ISD Trustee, Pos. 1

14 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. 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

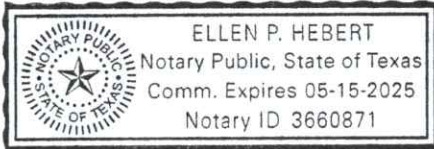
15 C/OH NAME Victor Perez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,371.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,233.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,512.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,100.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by **Victor Perez** this the **3rd** day of **April**, 20**25**, to certify which, witness my hand and seal of office.

[Handwritten Signature] **Ellen P. Hebert** **Notary**
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Victor Perez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>20,124.09</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,246.96</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>7,100</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>15,233.60</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Michel Beigue	7 Amount of contribution (\$) \$416.41
6 Contributor address; City; State; Zip Code 23711 Banning Point Ct. Katy, TX 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Eddy	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 619 S. Newport Blvd, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAVIN Ganesh	Amount of contribution (\$) \$41.64
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Daniel	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 25507 Winston Hollow Lane, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dore Sulisty	7 Amount of contribution (\$) \$468.46
6 Contributor address; City; State; Zip Code 20330 Pittsford Dr. Katy, Tx. 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Johnson	Amount of contribution (\$) \$520.51
Contributor address; City; State; Zip Code 3503 Arignon Ct. Houston, Tx. 77082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Damico	Amount of contribution (\$) \$260.25
Contributor address; City; State; Zip Code 23215 Two Harbors Glen, Katy, Tx. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Knappe	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 5703 S. Choctaw Hills Ln. Fulshear, Tx 77441		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Tangney	7 Amount of contribution (\$) \$52.05
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 1/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Frisch	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 615 Starboard Ct. Katy, TX. 77494		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelia Bowman	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Blanscet	Amount of contribution (\$) \$260.25
Contributor address; City; State; Zip Code 4604 Westerdale Dr. Fulshear, TX. 77441		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE McDANIEL	7 Amount of contribution (\$) \$104.10
6 Contributor address; City; State; Zip Code 28310 Daystrom Lane, Katy, TX. 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE SCHWIN	Amount of contribution (\$) \$1,041.02
Contributor address; City; State; Zip Code 8610 Chickasaw Humway, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHENXIN DING	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 4418 Greenwood Trace Ln, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK BOABRIGHT	Amount of contribution (\$) \$1,041.02
Contributor address; City; State; Zip Code 26911 Casper Cliff Ct., Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Katzman	7 Amount of contribution (\$) \$52.05
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Wilson	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Massey	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 2419 Droxford Dr. Houston, TX. 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENN BELAK	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 2006 Holly Manor Ct. Katy, TX. 77493		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Rice	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 22222 North Lake Village, Katy, TX 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Pierce	Amount of contribution (\$) \$26.03
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yen Zhang	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 22107 Nashua Falls Ln. Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Yin	Amount of contribution (\$) \$15.62
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Chern	7 Amount of contribution (\$) \$104.10
6 Contributor address; City; State; Zip Code 5802 Dusty Heath Ct., Katy, Tx. 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ying Liu	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hui Lin	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 26402 Knobby Pines Dr. Katy, Tx. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra HONCIR	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 20635 Park Bend Dr. Katy, Tx. 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Katzman	7 Amount of contribution (\$) \$52.05
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Foster	Amount of contribution (\$) \$208.20
Contributor address; City; State; Zip Code 21610 Ashford Grv. Katy, TX. 77450		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry + Cindy Verbout	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 5920 FM 359 Rd. S. Fulshear, TX. 77441		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas McCaig	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 26110 Sandersgate Ln. Katy, TX 77494		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Miller	7 Amount of contribution (\$) \$104.10
6 Contributor address; City; State; Zip Code 21702 Manitou Falls, Katy, TX 77449		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kymerlee Ketter Paddock	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jinguo Zhang	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penglan	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **18**

2 FILER NAME **Victor Perez** 3 Filer ID (Ethics Commission Filers)

4 Date **3/6/25** 5 Full name of contributor out-of-state PAC (ID#: _____) **Duane Siebold** 7 Amount of contribution (\$) **\$104.10**
 6 Contributor address; City; State; Zip Code **1526 Morning Park Dr, Katy, Tx. 77494**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **3/6/25** Full name of contributor out-of-state PAC (ID#: _____) **Timothy Parmenter** Amount of contribution (\$) **\$520.57**
 Contributor address; City; State; Zip Code **28223 Longspur Dr. Katy, Tx 77494**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **3/6/25** Full name of contributor out-of-state PAC (ID#: _____) **Chenxin Ding** Amount of contribution (\$) **\$104.10**
 Contributor address; City; State; Zip Code **4418 Greenwood Trace Ln. Katy, Tx. 77494**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **3/10/25** Full name of contributor out-of-state PAC (ID#: _____) **Jack Phillely** Amount of contribution (\$) **\$26.03**
 Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

(Empty section for additional contributions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Bevis	7 Amount of contribution (\$) \$104.10
6 Contributor address; City; State; Zip Code 23323 Grand Springs Dr, Katy, Tx. 77499		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia Gravens	Amount of contribution (\$) \$52.05
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bohannon	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 22422 Kent Falls Dr. Katy, Tx. 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Krusemark	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5307 Hannover Valley Lane Katy, Tx. 77456		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jianing Miers	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 26831 Mesquite Orchard Ln, Katy, TX. 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Dalton	Amount of contribution (\$) \$104.10
Contributor address; City; State; Zip Code 2119 Grayson Lakes Blvd. Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Johnson	Amount of contribution (\$) \$520.51
Contributor address; City; State; Zip Code 3503 Avignon Ct. Houston, TX. 77082		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Choyce	Amount of contribution (\$) \$260.25
Contributor address; City; State; Zip Code 27710 Linden Ridge Lane, Fulshear, TX. 77441		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Stefani	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 27418 Middlesprings Lane, Katy, TX. 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Paulson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 26934 Monterrey Bend Ln, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuan Li	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3227 Brinmont Place Lane, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Neal Nelson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 255 Camilla Circle, Bellville, TX. 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Nelson	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3779 Stokes Rd, Bellville, Tx. 77418		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean + Julie Nelson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 638, Bellville, Tx. 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary K. FAIKNER	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1300 Hwy 159 W, Bellville, Tx. 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay + Amy Thieme	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 21202 Crescent Star Ct, Katy, Tx. 77460		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Miles	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code P.O. Box 623, Katy, TX. 77492		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xuemei Yang	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5511 Tyler Park Ln, Katy, TX, 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Hinojosa	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 26935 Monterrey Bend Lane, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMARA McFarlane	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2022 Arbor Cove, Katy, TX. 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen Zhu + Xut Huang	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 23302 Allister Ct., Katy, TX 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiuli Dong	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 26406 Knobby Pines Dr., Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liping Wu	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 25407 Madison Falls Ln. Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiangwen Wang	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 19 Azure Lake Ct. Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 18
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNARD Cuzela	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 20311 Brondesbury Dr., Katy, TX 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Keiler	Amount of contribution (\$) \$260.25
Contributor address; City; State; Zip Code P.O. Box 545, Danbury, TX 77534		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARVIN JACKSON	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 3875 Stokes Rd., Bellville, TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael L. Matzek + Patrice Davis	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 35 Hollingers Island, Katy, TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 8
2 FILER NAME VICTOR PEREZ		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Pierce	7 Amount of contribution (\$) \$26.03
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/24/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parent Empowerment PAC	8 Amount of Contribution \$ \$746.96	9 In-kind contribution description Texting-MMS
7 Contributor address; City; State; Zip Code 28610 Hempstead Rd. Suite #09		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckendorff Farms	Amount of Contribution \$ \$500.00	In-kind contribution description Event Venue
Contributor address; City; State; Zip Code 28533 Morton Rd. Katy, Tx. 77493		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Victor Perez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 7,100.00
5 Date of loan 1/31-2/18/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Perez	9 Loan Amount (\$) 7,100.00
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 4715 Bryce Landing Lane, Katy, TX 77434	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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:	2 FILER NAME <i>Victor Perez</i>	3 Filer ID (Ethics Commission Filers) <i>Fees</i>
4 Date <i>1/22/25</i>	5 Payee name <i>Mail Chimp</i>	
6 Amount (\$) <i>\$21.32</i>	7 Payee address; City; State; Zip Code <i>63 Madison Bldg. 28 E. 28th. New York, NY 10016</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Email service</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1/29/25</i>	Payee name <i>NBD Graphics</i>	
Amount (\$) <i>\$866.00</i>	Payee address; City; State; Zip Code <i>917 S. Mason Rd., Katy, TX. 77456</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Push cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1/31/25</i>	Payee name <i>Ca2 Consulting</i>	
Amount (\$) <i>\$503.00</i>	Payee address; City; State; Zip Code <i>5049 Edwards Ranch Rd., Fort Worth, TX. 76109</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Design</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:		2 FILER NAME VICTOR PEREZ		3 Filer ID (Ethics Commission Filers)	
4 Date 2/3/25		5 Payee name NBD Graphics			
6 Amount (\$) \$3,119.22		7 Payee address; City; State; Zip Code 917 S. Mason Rd. Katy, TX. 77450			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Signs		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/4/25		Payee name CAZ CONSULTING			
Amount (\$) \$750.00		Payee address; City; State; Zip Code 5049 Edwards Ranch Rd., Fort Worth, TX. 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING Expense		Description General consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/7/25		Payee name CAZ CONSULTING			
Amount (\$) \$781.02		Payee address; City; State; Zip Code 5049 Edwards Ranch Rd., Fort Worth, TX. 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING Expense		Description Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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:	2 FILER NAME Victor Perez	3 Filer ID (Ethics Commission Filers)
4 Date 2/7/25	5 Payee name Caz Consulting	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 5049 Edwards Ranch Rd. Fort Worth, Tx. 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/10/25	Payee name Houston Latino Family Magazine	
Amount (\$) 950.00	Payee address; City; State; Zip Code 650 West Bough, Suite 150-170	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/13/25	Payee name Sunline Products	
Amount (\$) \$883.32	Payee address; City; State; Zip Code 154 East Summitry Circle, Katy, Tx. 77419	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Tee-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Expense | 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:	2 FILER NAME <i>Victor Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/11/25</i>	5 Payee name <i>NBD Graphics</i>
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6 Amount (\$) <i>\$144.73</i>	7 Payee address; City; State; Zip Code <i>917 S. Mason Rd., Katy, TX. 77450</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>Car magnets</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/24/25</i>	Payee name <i>Mail Chimp</i>
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Amount (\$) <i>\$21.32</i>	Payee address; City; State; Zip Code <i>28 E. 28th, New York, NY 10016</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Email service</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/29/25</i>	Payee name <i>Two Forks Catering</i>
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Amount (\$) <i>2,507.72</i>	Payee address; City; State; Zip Code <i>5614 1st St. Katy, TX. 77493</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Exp.</i>	Description <i>Campaign Event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME <i>Victor Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/25/25</i>	5 Payee name <i>CAZ CONSULTING</i>
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6 Amount (\$) <i>\$400.00</i>	7 Payee address; City; State; Zip Code <i>5049 Edwards Ranch Rd. Fort Worth, TX. 76109</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Block Walking App</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/4/25</i>	Payee name <i>CAZ CONSULTING</i>
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Amount (\$) <i>\$750.00</i>	Payee address; City; State; Zip Code <i>5049 Edwards Ranch Rd. Fort Worth, TX. 76109</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description <i>General Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/20/25</i>	Payee name <i>CAZ CONSULTING</i>
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Amount (\$) <i>\$375.00</i>	Payee address; City; State; Zip Code <i>5049 Edwards Ranch Rd. Fort Worth, TX.</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description <i>General Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME <i>Victor Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/25</i>	5 Payee name <i>Mail Chimp</i>	
6 Amount (\$) <i>\$21.32</i>	7 Payee address; City; State; Zip Code <i>63 Madison Bldg. 28 E. 28th St. N.Y., N.Y. 10016</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Email Service</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/17-3/24/25</i>	Payee name <i>WinRed</i>		
Amount (\$) <i>\$468.25</i>	Payee address; City; State; Zip Code <i>1776 Wilson Blvd. Suite 503, Arlington, Va. 22209</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Credit card processing fees</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/24/25</i>	Payee name <i>NBD Graphics</i>		
Amount (\$) <i>\$1,671.38</i>	Payee address; City; State; Zip Code <i>917 S. Mason Rd. Katy, Tx. 77450</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Signs</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED