

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: 31
3 CANDIDATE / OFFICEHOLDER NAME	(MS / MRS / MR) <i>Sylvia Garza-Perez</i> FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 3:13 PM JUL 14 2015 RECEIVED By: <i>Quartz</i> Date Hand delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>42 Meadow Glen Dr., Bro. Tx. 78521</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 346-5367</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Rudy Perez, Jr.</i> NICKNAME LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>42 Meadow Glen Dr., Bro. Tx 78521</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 346-0509</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>01 / 01 / 2015</i> THROUGH <i>06 / 30 / 2015</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Clerk</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Sylvia Garza-Perez **15 Filer ID (Ethics Commission Filers)**

16 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: GENERAL SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME


COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2852.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9160.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 36.75
	4. TOTAL POLITICAL EXPENDITURES	\$ 4521.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6665.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,500.00

18 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.



Sylvia Garza-Perez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sylvia Garza-Perez, this the 14th day of July, 20 15, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Maria Elena B. Garza Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,670.
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,490.
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ∅
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 13,500.
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,167.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ∅
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ ∅
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 317.30
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ∅
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ∅
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ∅

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 9.

2 FILER NAME

Sylvia Garza-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/2015

5 Full name of contributor

Joe G. Rivera

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.

6 Contributor address;

City; State; Zip Code

P.O. Box 5868 Bro. Tx. 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/12/2015

Full name of contributor

Cynthia Hinojosa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

504 E. St Francis Bro Tx 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/2015

Full name of contributor

Happy Thomas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.

Contributor address;

City; State; Zip Code

4380 Braachica #A-3, Bro. Tx 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/2015

Full name of contributor

Kevin Tucker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

47 Casa de Amigos Bro Tx 78521

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 9

2 FILER NAME *Sylvia Garza-Perez*

3 Filer ID (Ethics Commission Filers)

4 Date
3/4/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
H. L. Moore

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
P.O. Box 797883, Dallas, TX. 75379

\$1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Migdalia Lopez

Amount of contribution (\$)

3/3/2015

Contributor address; City; State; Zip Code
1101 N. 77 Sunshine Strip, Harlingen TX 78550

\$120.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Allen R. Hauman

Amount of contribution (\$)

3/4/2015

Contributor address; City; State; Zip Code
3825 W. Xenops Ave. McAllen TX 78504

\$60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Carlos Salazar

Amount of contribution (\$)

3/5/2015

Contributor address; City; State; Zip Code
1605 Military Hwy, Bro. TX 78520

\$250.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 9
2 FILER NAME <i>Sylvia Garza-Pérez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario A. Moya</i> 6 Contributor address; City; State; Zip Code <i>250 S. Williams Rd. San Benito TX 78086</i>	7 Amount of contribution (\$) <i>\$120.</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/5/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank's Auto Parts</i> Contributor address; City; State; Zip Code <i>6934 Padre Island Hwy Bro TX 78521</i>	Amount of contribution (\$) <i>\$120.</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan D. Gracia</i> Contributor address; City; State; Zip Code <i>932 E Van Buren Bldg TX 78520</i>	Amount of contribution (\$) <i>\$90.</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arvin Tucker</i> Contributor address; City; State; Zip Code <i>47 Casa de Amigos, Bldg, TX 78521</i>	Amount of contribution (\$) <i>\$150.</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 to 9
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chuy's Custom Sports</i>	7 Amount of contribution (\$) <i>\$150.</i>
6 Contributor address; City; State; Zip Code <i>160 E. Stenger St. San Benito TX 78896</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/4/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Masso</i>	Amount of contribution (\$) <i>\$150.</i>
Contributor address; City; State; Zip Code <i>504 South Main, McAllen TX 78501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/25/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Rodriguez</i>	Amount of contribution (\$) <i>\$300.</i>
Contributor address; City; State; Zip Code <i>946 E. Van Buren Bro TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/3/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Torres</i>	Amount of contribution (\$) <i>\$250.</i>
Contributor address; City; State; Zip Code <i>1905 Central Blvd. Bro TX 78520</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 9
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teddie Inn Restaurant</i>	7 Amount of contribution (\$) \$150.
6 Contributor address; City; State; Zip Code <i>1740 Central Blvd. Bro TX 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/5/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Hemphill</i>	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code <i>815 Ridgewood St. Bro. TX. 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabino Vasquez</i>	Amount of contribution (\$) \$90.
Contributor address; City; State; Zip Code <i>1954 E 14th St. Bro TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie C. Martin</i>	Amount of contribution (\$) \$60.
Contributor address; City; State; Zip Code <i>1408 Palm Valley Dr. E, Harlingen TX 78552</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 9
2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Herman Otis Powers, Jr.</i>	7 Amount of contribution (\$) <i>\$60.</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 4611, Bro. Tx. 78523</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Happy Thomas</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4380 Boca Chica #A-3, Bro Tx 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clear Pools Company</i>	Amount of contribution (\$) <i>\$130.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 5534 Bro Tx 78523</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlo Hernandez</i>	Amount of contribution (\$) <i>\$150.</i>
Contributor address; City; State; Zip Code <i>2965 E. 13th St. Bro Tx 78521</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 9
2 FILER NAME <i>Sylvia Gaurra-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos R. Masso</i>	7 Amount of contribution (\$) <i>\$1000.</i>
6 Contributor address; City; State; Zip Code <i>1000 E. Madison St. Bro. TX 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manny Saenz</i>	Amount of contribution (\$) <i>\$90.00</i>
Contributor address; City; State; Zip Code <i>P. O. Box 2178 Brownsville TX 78522</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Happy Thomas</i>	Amount of contribution (\$) <i>\$100.</i>
Contributor address; City; State; Zip Code <i>4380 Boca Chica #A-3 Bro. TX. 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe. G. Rivera</i>	Amount of contribution (\$) <i>\$240.</i>
Contributor address; City; State; Zip Code <i>P. O. Box 5868 Bro. TX. 78520</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 9

2 FILER NAME *Sylvia Garza-Perez*

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Excess Auto Plex

7 Amount of contribution (\$)
\$90.

6 Contributor address; City; State; Zip Code
1709 N. Frontage Rd. Bro TX 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/9/2015

Full name of contributor out-of-state PAC (ID#: _____)
Armando Magallanes

Amount of contribution (\$)
\$90

Contributor address; City; State; Zip Code
1709 N. Frontage Rd Bro. Tx 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/2015

Full name of contributor out-of-state PAC (ID#: _____)
Leonardo Rincones, Jr.

Amount of contribution (\$)
\$150.

Contributor address; City; State; Zip Code
854 E. Van Buren St. Bro TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/2015

Full name of contributor out-of-state PAC (ID#: _____)
Ruben Herrera

Amount of contribution (\$)
\$150

Contributor address; City; State; Zip Code
37 W. Elizabeth St. Bro. TX. 78520

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 OF 9

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/2015

5 Full name of contributor

Ben R. Neece

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$60.

6 Contributor address;

City; State; Zip Code

1000 E. Van Buren Bro TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/2015

Full name of contributor

J. Ledezma

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150

Contributor address;

City; State; Zip Code

708 Ripplewind Way Bro TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/2015

Full name of contributor

El Rancho Escorrido

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

P.O. Box 5563 Bro TX. 78523

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/2015

Full name of contributor

Jones & Crane Attorneys

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

P.O. Box 1045, Weslaco TX 78596

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: *1 of 6*

2 FILER NAME *Sylvia Garcia Perez*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *90.00*

5 Date *11/15/2015*

6 Full name of contributor out-of-state PAC (ID#: _____)
Nemesio Lopez

8 Amount of Contribution \$

9 In-kind contribution description
cake
Swear-in Ceremony

7 Contributor address; City; State; Zip Code
1101 N. 77 Sunshine Strip Harlingen

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

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2 OF 6**

2 FILER NAME **Sylvia Guerra Perez**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **150.**

5 Date
1/15/2015

6 Full name of contributor out-of-state PAC (ID#: _____)
Carlos Elizondo
7 Contributor address; City; State; Zip Code
2994 Vanessa Dr. Brio TX 78521

8 Amount of Contribution \$
9 In-kind contribution description
Color guard Services
Wear-in ceremony
 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
Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of Contribution \$
In-kind contribution description
 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>3 of 6</i>	
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>250.00</i>	
5 Date <i>1/15/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Andrade</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>Swear-in ceremony entertainment</i>
7 Contributor address; City; State; Zip Code <i>1040 E. 7th St. Brownsville TX 78520</i>		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4 of 6	
2 FILER NAME <i>Sylvia Garcia-Periz</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 250.00	
5 Date <i>1/15/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Rodriguez</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>dessert table Swear-in Ceremony</i>
7 Contributor address; City; State; Zip Code <i>4914 Boca Chica, Bro. Tx. 78520</i>		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 5 of 6	
2 FILER NAME Sylvia Garcia-Perez		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 250.⁰⁰	
5 Date 1/15/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosenbaum Flower Shop	8 Amount of Contribution \$	9 In-kind contribution description Swear-in Ceremony table decorations
7 Contributor address; City; State; Zip Code 874 Hortencia Blvd. Bro. Tx. 78521		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 6 of 6
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1500.00
5 Date <i>11/15/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eugene Fernandez</i>	8 Amount of Contribution \$
7 Contributor address; City; State; Zip Code <i>570 E. St. Charles Bro. TX 78520</i>		9 In-kind contribution description <i>Facility for event. Swear-in Ceremony</i>
<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: /
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>03/27/2014</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rudy Perez, Jr.</i>	9 Loan Amount (\$) <i>13,500</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>42 Meadow Glen Dr. Bro. TX 78521</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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 N	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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 3</i>		2 FILER NAME <i>Sylvia Garza-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/7/2015</i>		5 Payee name <i>Casino Travelers / Omar Leal</i>			
6 Amount (\$) <i>\$850.00</i>		7 Payee address; City; State; Zip Code <i>3352 Obsidian Dr. Bro. Tx. 78526</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>casino night fundraiser</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date <i>3/7/2015</i>		Payee name <i>Galaxy Bowling Center</i>			
Amount (\$) <i>\$366.00</i>		Payee address; City; State; Zip Code <i>3451 Pablo Kisel Blvd. Broo Tx 78526</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>casino night fundraiser</i>		
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date <i>3/7/2015</i>		Payee name <i>Galaxy Bowling Center</i>			
Amount (\$) <i>\$1336.99</i>		Payee address; City; State; Zip Code <i>3451 Pablo Kisel Blvd. Bro. Tx. 78526</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>casino night fundraiser</i>		
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 2 OF 3		2 FILER NAME: Sylvia Garza-Perez		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/28/2015		5 Payee name: Tip of Texas Family Outreach			
6 Amount (\$): \$200.00		7 Payee address; City; State; Zip Code: 453 E. Levee, Brownsville TX 78520			
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 Bowling Tournament Sponsorship		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date: 4/10/2015		Payee name: Incarnate Word Academy			
Amount (\$): \$125.00		Payee address; City; State; Zip Code: 244 Resaca Blvd. Bro. Tx. 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense		Description: <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Little Bit of Mexico Ad.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date: 5/10/2015		Payee name: Tip of Texas Family Outreach			
Amount (\$): \$180.00		Payee address; City; State; Zip Code: 455 E. Levee St, Bro. TX 78520			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Contribution/Donation		Description: <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets For Fundraiser		
	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

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

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: 3 OF 3		2 FILER NAME <i>Sylvia Luvica Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/28/2015</i>		5 Payee name <i>Brownsville Community Health Center</i>			
6 Amount (\$) <i>\$200.</i>		7 Payee address; City; State; Zip Code <i>191 E. Price Rd, Brownsville, TX 78521</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>BCHC. Casino night ad.</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <i>1/15/2015</i>		Payee name <i>Las Cazuelas de REM</i>			
Amount (\$) <i>\$ 909.30</i>		Payee address; City; State; Zip Code <i>300 W. Madison St. Bro. TX 78520</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage Exp.</i>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Swear-in ceremony</i>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F2: <u>1</u>	2 FILER NAME <u>Sylvia Garcia-Periz</u>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: /

2 FILER NAME

Sylvia Garcia Perez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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
	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: <i>1</i>	2 FILER NAME <i>Sylvia Garza-Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/6/2015</i>	5 Payee name <i>Galaxy Bowling Center</i>
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6 Amount (\$) <i>\$ 154.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3451 Pablo Kisel Blvd. Bro. Tx 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Casino night/decorating committee</i> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/6/2015</i>	Payee name <i>Staples</i>
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Amount (\$) <i>\$ 162.76</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2436 Pablo Kisel Blvd. Bro. Tx. 78521</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Casino night / supplies</i> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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
	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 H: <i>1</i>	2 FILER NAME <i>Sylvia Garcia-Peréz</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> 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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>Sylvia Garcia-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10/2015</i>	5 Payee name <i>Lone Star National Bank</i>	
6 Amount (\$) <i>\$ 1.00</i>	7 Payee address; City; State; Zip Code <i>2100 Boca Chica Blvd. Bro. TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Fees</i>	(b) Description (See instructions regarding type of information required.) <i>BANK FEE CHARGE</i>
Date <i>4/10/2015</i>	Payee name <i>Lone Star National Bank</i>	
Amount (\$) <i>\$ 1.00</i>	Payee address; City; State; Zip Code <i>2100 Boca Chica Blvd. Bro TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Fees</i>	Description (See instructions regarding type of information required.) <i>Bank Fee Charge</i>
Date <i>5/8/2015</i>	Payee name <i>Lone Star National Bank</i>	
Amount (\$) <i>\$ 1.00</i>	Payee address; City; State; Zip Code <i>2100 Boca Chica Blvd. Bro. TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Fees</i>	Description (See instructions regarding type of information required.) <i>Bank Fee Charge</i>
Date <i>6/10/2015</i>	Payee name <i>Lone Star National Bank</i>	
Amount (\$) <i>\$ 1.00</i>	Payee address; City; State; Zip Code <i>2100 Boca Chica Blvd Bro TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Fees</i>	Description (See instructions regarding type of information required.) <i>Bank Fee Charge.</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1

2 FILER NAME Sylvia Garza-Revez

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: /

2 FILER NAME *Sylvia Garcia-Perez*

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Sylvia Guerra Perez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder