

SYLVIA

GARZA-

PEREZ

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: <div style="text-align: right; font-size: 1.2em;">42</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td colspan="2" style="font-size: 1.2em; text-align: center;"><i>Sylvia Garza-Perez</i></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		<i>Sylvia Garza-Perez</i>				NICKNAME	LAST	SUFFIX		OFFICE USE ONLY	
MS / MRS / MR	FIRST	MI													
<i>Sylvia Garza-Perez</i>															
NICKNAME	LAST	SUFFIX													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:25%; font-size: 0.8em;">CITY;</td> <td style="width:25%; font-size: 0.8em;">STATE; ZIP CODE</td> </tr> <tr> <td colspan="4" style="font-size: 1.2em; text-align: center;"><i>42 Meadow Glen Dr Bro TX 79521</i></td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	<i>42 Meadow Glen Dr Bro TX 79521</i>							
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE												
<i>42 Meadow Glen Dr Bro TX 79521</i>															
5 CANDIDATE / OFFICEHOLDER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">AREA CODE</td> <td style="width:50%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:25%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td colspan="3" style="font-size: 1.2em; text-align: center;"><i>(956) 346-5367</i></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	<i>(956) 346-5367</i>								
AREA CODE	PHONE NUMBER	EXTENSION													
<i>(956) 346-5367</i>															
6 CAMPAIGN TREASURER NAME		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td colspan="2" style="font-size: 1.2em; text-align: center;"><i>Rudy Perez, Jr</i></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		<i>Rudy Perez, Jr</i>				NICKNAME	LAST	SUFFIX	
MS / MRS / MR	FIRST	MI													
<i>Rudy Perez, Jr</i>															
NICKNAME	LAST	SUFFIX													
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 0.8em;">APT / SUITE #;</td> <td style="width:15%; font-size: 0.8em;">CITY;</td> <td style="width:10%; font-size: 0.8em;">STATE;</td> <td style="width:20%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em; text-align: center;"><i>42 Meadow Glen Dr. Brownsville TX 78521</i></td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<i>42 Meadow Glen Dr. Brownsville TX 78521</i>						
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE											
<i>42 Meadow Glen Dr. Brownsville TX 78521</i>															
8 CAMPAIGN TREASURER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">AREA CODE</td> <td style="width:50%; font-size: 0.8em;">PHONE NUMBER</td> <td style="width:25%; font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td colspan="3" style="font-size: 1.2em; text-align: center;"><i>(956) 346-0509</i></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	<i>(956) 346-0509</i>								
AREA CODE	PHONE NUMBER	EXTENSION													
<i>(956) 346-0509</i>															
9 REPORT TYPE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<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 (Officeholder 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)				
<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 (Officeholder 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		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center; font-size: 0.8em;">Month Day Year</td> <td style="width:10%; text-align: center; font-size: 0.8em;">THROUGH</td> <td style="width:40%; text-align: center; font-size: 0.8em;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.2em; text-align: center;"><i>01 / 01 / 2017</i></td> <td></td> <td style="font-size: 1.2em; text-align: center;"><i>06 / 30 / 2017</i></td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	<i>01 / 01 / 2017</i>		<i>06 / 30 / 2017</i>						
Month Day Year	THROUGH	Month Day Year													
<i>01 / 01 / 2017</i>		<i>06 / 30 / 2017</i>													
11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: 0.8em;">ELECTION DATE</td> <td style="width:65%; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="font-size: 1.2em; text-align: center;"><i>/ /</i></td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	<i>/ /</i>							
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special														
<i>/ /</i>															
12 OFFICE		13 OFFICE SOUGHT (if known)													
<i>County Clerk</i>															

11:53 am

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

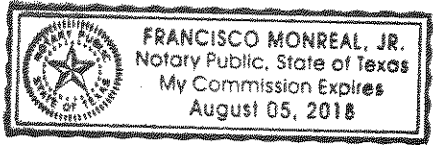
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ 2,144.70
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,205.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 544.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,707.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,940.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Garcia-Perez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sylvia Garcia-Perez, this the 17th day of July, 20 17, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Francisco Monreal Jr. Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Sylvia Garcia-Perez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,500.
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,705.
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 13,500.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,707.19
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12.99
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 1

2 FILER NAME

Sylvia Carza-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/17

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

Salazar Inv. Group

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

611 E. Loop 499 Harlingen TX 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13/17

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

Carlo Hernandez

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

2965 E. 13th St. Bro. TX. 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/17

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

Mary Agado

Amount of contribution (\$)

\$60.

Contributor address; City; State; Zip Code

P.O. Box 3235 Harlingen TX 78551

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

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

Joe. G. Rivera

Amount of contribution (\$)

\$150.

Contributor address; City; State; Zip Code

P.O. Box 5868 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: <i>1 of 2</i>
2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Coggins Blair & Sampson</i>	7 Amount of contribution (\$) <i>\$500.</i>
	6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX.</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/21/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene D. Oliveira</i>	Amount of contribution (\$) <i>\$1000.</i>
	Contributor address; City; State; Zip Code <i>St. 22 855 W. Price Rd. Bro. TX. 78520</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAW OF Gilbert Hinojosa</i>	Amount of contribution (\$) <i>\$1000.</i>
	Contributor address; City; State; Zip Code <i>531 E. St. Francis Bro. TX. 78520</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/27/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos A. Rodriguez</i>	Amount of contribution (\$) <i>\$150.</i>
	Contributor address; City; State; Zip Code <i>275 Palo Verde Dr. 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: *1023*

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/17

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

Sheila G. Bence

7 Amount of contribution (\$)

\$250.

6 Contributor address; City; State; Zip Code

1018 E. Tyler Ave. Harlingen TX 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/17

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

Denise G. Chavez

Amount of contribution (\$)

\$60.

Contributor address; City; State; Zip Code

7248 Mulberry St. Bro TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

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

Erin H. Garcia

Amount of contribution (\$)

\$60.

Contributor address; City; State; Zip Code

1634 W. San Marcelo Bro TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

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

Grerra Title Company

Amount of contribution (\$)

\$1000.

Contributor address; City; State; Zip Code

1402 E. Harrison Harlingen TX 78550

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: *1 of 4*

2 FILER NAME

Sylvia Curcio-Ricoz

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

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

Hetes Used Auto Parts

6 Contributor address; City; State; Zip Code

6925 Padre Island Hwy Bro. Tx. 78521

7 Amount of contribution (\$)

\$150.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/17

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

Rio Grande Valley Abstract Company

Contributor address; City; State; Zip Code

905 W. Arive Rd. Bro Tx 78520

Amount of contribution (\$)

\$150.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/17

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

Ruben Garcia State Farm Ins.

Contributor address; City; State; Zip Code

434 Paredes Line Rd. Ste B, Bro Tx

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/17

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

Rene E. De Coss

Contributor address; City; State; Zip Code

914 E. Van Buren St. Bro Tx 78520

Amount of contribution (\$)

\$150.

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: 1 of 5

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/17

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

Law office of Fabian Linoes

6 Contributor address; City; State; Zip Code

1728 Boca Chica Bro. TX. 78520

7 Amount of contribution (\$)

\$250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/17

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

Trevino & Badden

Contributor address; City; State; Zip Code

805 Media Luna SE 300 Bro TX 78570

Amount of contribution (\$)

\$1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/17

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

Chuy's Custom Sport

Contributor address; City; State; Zip Code

160 E. Stenger St. San Benito TX. 78386

Amount of contribution (\$)

\$150.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/17

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

J. Maya Design + Graphics

Contributor address; City; State; Zip Code

250 S. Williams Rd. San Benito TX.

Amount of contribution (\$)

\$60.00

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: 1 of 6

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/17

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

Lawyer & Associates PC

6 Contributor address; City; State; Zip Code

805 Media Luna Ste 20 Bro Tx. 7520

7 Amount of contribution (\$)

\$250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/17

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

David Kithcart Attorney at law

Contributor address; City; State; Zip Code

1209 E. Harrison Ave. Ste B. Arlington TX

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/17

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

Brownsme Children's Clinic

Contributor address; City; State; Zip Code

4430 E. 14th St. Ste A, Bro. Tx. 7520

Amount of contribution (\$)

\$300.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

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

Enrique Calucello

Contributor address; City; State; Zip Code

77 Creekbend Dr. Bro. Tx 7521

Amount of contribution (\$)

\$60.

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:

1 OF 7

2 FILER NAME

Sylvia Garcia-Peréz

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/17

5 Full name of contributor

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

Title Run, LLC

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

315 E. McIntyre, Edinburg TX 78541

\$150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

Pedro Estrada

Amount of contribution (\$)

Contributor address; City; State; Zip Code

6550 Ruben Torres Blvd Bro. TX. 78526

\$200.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

Lucino Rosenbaum JR.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

3620 S. Dukesta Bro. TX. 78520

\$150.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

Daniel Casarez

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1724 Harding St., Bro. TX. 78501

\$60.

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: *1 of 8*

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/17

5 Full name of contributor

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

Ruiz Law Center

7 Amount of contribution (\$)

\$1000.

6 Contributor address;

City; State; Zip Code

1106 E. Tyler, Hartington TX 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

Eduardo F. Garcia M.D.

Amount of contribution (\$)

\$330.

Contributor address;

City; State; Zip Code

3380 Ruben Torres Ste 208 Bro TX. 78506

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

Eddie Lucio III

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

P.O. Box 2106 San Benito TX. 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

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

CCS Trucking

Amount of contribution (\$)

\$150.

Contributor address;

City; State; Zip Code

1605 Military Rd. Bro TX 78500

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: *1 of 9*

2 FILER NAME

Sylvia Laura Pérez

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/17

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

Veronica Pardo

7 Amount of contribution (\$)

\$60.

6 Contributor address; City; State; Zip Code

3566 Everman St. Bro. Tx 7521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/17

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

Law office of Leonardo Amicones

Amount of contribution (\$)

\$250.

Contributor address; City; State; Zip Code

854 E. Van Buren, P.O. Tx. 75200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/17

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

Abelardo Gomez

Amount of contribution (\$)

\$250.

Contributor address; City; State; Zip Code

6595 Paredes Line Rd. Bro. Tx. 75226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/17

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

Law office of Phil Bellamy

Amount of contribution (\$)

\$250.

Contributor address; City; State; Zip Code

815 Ridgewood St. Bro. Tx 75220

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: *1 of 10*

2 FILER NAME

Sylvia Garcia-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

6/8/17

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

Rodriguez Lucio Law Group LLC

6 Contributor address; City; State; Zip Code

946 E. Van Buren Blvd. TX. 78520

7 Amount of contribution (\$)

\$500.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Pedraza</i>	8 Amount of Contribution \$ <i>\$350</i>	9 In-kind contribution description <i>auction item</i>
7 Contributor address; City; State; Zip Code <i>44 E. Drive 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 <i>3/23/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mariana Gomez</i>	Amount of Contribution \$ <i>\$200</i>	In-kind contribution description <i>auction item</i>
Contributor address; City; State; Zip Code <i>2829 Madrid Ave. BRO. TX 78520</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME <i>Sylvia Garcia Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corina Murrillo</i>	8 Amount of Contribution \$ <i>\$150</i>	9 In-kind contribution description <i>auction item</i>
7 Contributor address; City; State; Zip Code <i>3451 Fablo Kisel, Bro Tx 78524</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 <i>3/23/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cita's Boutique</i>	Amount of Contribution \$ <i>\$80.</i>	In-kind contribution description <i>auction item</i>
Contributor address; City; State; Zip Code <i>1606 S. 77 Hickory, TX</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 3</i>	
2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Tops</i>	8 Amount of Contribution \$ <i>\$75.00</i>	9 In-kind contribution description <i>auction item</i>
7 Contributor address; City; State; Zip Code <i>3073 Chadwick Place, Bro. TX 78521</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 <i>3/23/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Valengina Lopez</i>	Amount of Contribution \$ <i>\$250.</i>	In-kind contribution description <i>Auction items</i>
Contributor address; City; State; Zip Code <i>3831 Boca Chica Blvd. Bro. TX.</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1 of 4</u>	
2 FILER NAME <u>Sylvia Garcia-Perez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/23/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Luis Masso</u>	8 Amount of Contribution \$ <u>\$100</u>	9 In-kind contribution description <u>auction item</u>
7 Contributor address; City; State; Zip Code <u>1900 N. Expressway Bro Tx. 78521</u>		<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 <u>3/23/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Arturo Kalita</u>	Amount of Contribution \$ <u>\$200</u>	In-kind contribution description <u>Auction items</u>
Contributor address; City; State; Zip Code <u>725 Paredes Line Rd. Bro Tx. 78521</u>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 5</i>	
2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marissa Amaya</i>	8 Amount of Contribution \$ <i>\$100</i>	9 In-kind contribution description <i>Auction Item</i>
7 Contributor address; City; State; Zip Code <i>100 Padre Blvd. South Padre Island TX</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 <i>3/23/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chuy Custom Sports</i>	Amount of Contribution \$ <i>\$250.</i>	In-kind contribution description <i>Auction Item</i>
Contributor address; City; State; Zip Code <i>160 E. Stenger San Benito Tx. 78886</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1-6</i>
2 FILER NAME <i>Sylvia Guerra-Perez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>3/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Jones</i>	8 Amount of Contribution \$ <i>\$300</i> 9 In-kind contribution description <i>Auction items</i>
7 Contributor address; City; State; Zip Code <i>800 E. Alton Floor, Bro TX 78526</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 <i>3/30/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edgar Rico/Mobile Bar</i>	Amount of Contribution \$ <i>\$800.</i> In-kind contribution description <i>Bar Service</i>
Contributor address; City; State; Zip Code <i>Bro TX 78520</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1-7</i>	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/30/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rudy Perez Jr</i>	8 Amount of Contribution \$ <i>\$250</i>	9 In-kind contribution description <i>auction items</i>
7 Contributor address; City; State; Zip Code <i>42 Meadow Glen Dr Bro TX 76521</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 <i>3/30/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amigo Center</i>	Amount of Contribution \$ <i>\$500</i>	In-kind contribution description <i>event location</i>
Contributor address; City; State; Zip Code <i>1010 Mexico Blvd Bro TX 76520</i>		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1-8</u>
2 FILER NAME <u>Sylvia Garcia-Perez</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <u>3/30/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Citlali Florizalez</u>	8 Amount of Contribution \$ <u>\$100</u>
7 Contributor address; City; State; Zip Code <u>2619 Gregory Ave Bldg N 78520</u>		9 In-kind contribution description <u>Auction Item</u>
<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		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: <u>1</u>	
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)	
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.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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.	
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.

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 Garcia-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>Rudny Perez, Jr.</i>	9 Loan Amount (\$) <i>\$13,500.</i>
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> 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>02/12</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input 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="checkbox"/> 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	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

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: <i>1-1</i>	2 FILER NAME <i>Sylvia Curca-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/17/17</i>	5 Payee name <i>J. Maya Designs</i>	
6 Amount (\$) <i>\$373.00</i>	7 Payee address; City; State; Zip Code <i>250 S. Williams Ave, San Benito TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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>shirts</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>1/25/17</i>	Payee name <i>Digital Print</i>	
Amount (\$) <i>\$216.50</i>	Payee address; City; State; Zip Code <i>1752 Iris Brownsville TX 78506</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing 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>car magnets</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>1/27/17</i>	Payee name <i>Cameron County Bar Association</i>	
Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 3866 Brownsville TX 78523</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</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>golf sponsorship</i>
	9 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-2</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date: <i>1/24/17</i>	5 Payee name: <i>Brownsville Crime Stoppers</i>	
6 Amount (\$): <i>\$140.</i>	7 Payee address; City; State; Zip Code: <i>1 Event Center Blvd. Bro TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Other</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>Luncheon tickets</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <i>1/27/17</i>	Payee name: <i>Incarriate Word Academy</i>	
Amount (\$): <i>\$125.</i>	Payee address; City; State; Zip Code: <i>244 Resaca Blvd. Bro. Tx.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>advertising 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>ad Little Bit of Mexico</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <i>1/31/17</i>	Payee name: <i>The Grafik Spot</i>	
Amount (\$): <i>\$270.63</i>	Payee address; City; State; Zip Code: <i>1265 N. Expressway, Bro. Tx. 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Printing 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 tickets</i>
	9 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 MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-3</i>	2 FILER NAME: <i>Silvia Garcia-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>1/31/17</i>	5 Payee name: <i>La Posada Providencia</i>	
6 Amount (\$): <i>\$175.</i>	7 Payee address; City; State; Zip Code: <i>30096 Marydale Rd. San Benito TX 78586</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>program ad.</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date: <i>2/4/17</i>	Payee name: <i>La Posada Providencia</i>	
Amount (\$): <i>\$130</i>	Payee address; City; State; Zip Code: <i>30096 Marydale Rd San Benito TX 78586</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</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>auction item</i>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date: <i>2/11/17</i>	Payee name: <i>Brownsville Wellness Coalition</i>	
Amount (\$): <i>\$150.</i>	Payee address; City; State; Zip Code: <i>1 West University Dr., Bro, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</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>WALK SPONSOR</i>
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Feas | 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: <i>1-4</i>	2 FILER NAME <i>Sylvia Garza-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/16/17</i>	5 Payee name <i>United Way Southern Cameron County</i>	
6 Amount (\$) <i>\$125.</i>	7 Payee address; City; State; Zip Code <i>634 E. Levee St. Bro. TX. 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</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>Luncheon tickets</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3/29/17</i>	Payee name <i>City of Santa Rosa</i>	
Amount (\$) <i>\$100.</i>	Payee address; City; State; Zip Code <i>P.O. Box 326, Santa Rosa, TX 78543</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</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>Sponsorship 1st Annual Fun Run</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3/30/17</i>	Payee name <i>DJ Johnny Rod</i>	
Amount (\$) <i>\$150.</i>	Payee address; City; State; Zip Code <i>3536 Warwick Glen St. Bro. TX. 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event 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 DJ services</i>
	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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>1-5</i>	2 FILER NAME <i>Sylvia Garcia-Perez</i>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <i>3/29/17</i>	5 Payee name <i>The Grafik Spot</i>
--------------------------	--

6 Amount (\$) <i>\$117.99</i>	7 Payee address; City; State; Zip Code <i>1265 N. Eggersway 803 Bro. TX 78500</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing 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>Sponsorship posters</i>
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3/30/17</i>	Payee name <i>Oscar's Catering Service</i>
------------------------	---

Amount (\$) <i>\$730.75</i>	Payee address; City; State; Zip Code <i>2929 International Blvd Bro. TX 78521</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event 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>catering services Casino night</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>3/30/17</i>	Payee name <i>Sanchez Photography</i>
------------------------	--

Amount (\$) <i>\$250</i>	Payee address; City; State; Zip Code <i>2929 International Blvd Bro. TX 78521</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event 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>photographer for casino night</i>
------------------------	--	---

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-6</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date: <i>3/30/17</i>	5 Payee name: <i>Casino Travelers</i>	
6 Amount (\$): <i>\$350.</i>	7 Payee address; City; State; Zip Code: <i>3352 Obsidian Dr Boo. 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 table rentals</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Candidate / Officeholder name	
Payee address; City; State; Zip Code	Office sought	Office held
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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Candidate / Officeholder name	
Payee address; City; State; Zip Code	Office sought	Office held
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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Candidate / Officeholder name	
Payee address; City; State; Zip Code	Office sought	Office held
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 1-7 2 FILER NAME: Sylvia Parra-Perez 3 Filer ID (Ethics Commission Filers)

4 Date: 4/5/17 5 Payee name: Dollar Tree

6 Amount (\$): \$ 245.07 7 Payee address; City; State; Zip Code: 4445 N. Expressway, Bro. TX 78520.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): <u>other</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>care partner Easter Baskets.</u>
---	--

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 4/10/17 Payee name: Victory Data

Amount (\$): \$ 1500. Payee address; City; State; Zip Code: 5196 Sugar Mill Rd. Bro. TX. 78526

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): <u>Polling expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>cameron county research</u>
---	---

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 4/13/17 Payee name: LFHS Cheerleading

Amount (\$): \$ 300. Payee address; City; State; Zip Code: 907 N. Arroyo Blvd., Los Fresnos, TX. 78566.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): <u>Advertising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>LFHS Football Program</u>
---	---

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-8</i>		2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/14/17</i>		5 Payee name <i>Walmart</i>			
6 Amount (\$) <i>\$108.25</i>		7 Payee address; City; State; Zip Code <i>1126 W. US Highway 77, San Benito, TX. 78586</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</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>Santa Maria Easter Basket Giveaway</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>4/15/17</i>		Payee name <i>BCHC</i>			
Amount (\$) <i>\$200.</i>		Payee address; City; State; Zip Code <i>3457 Pablo Kisel Blvd. Brownsville, TX.</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</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>2 team registrations bowling team</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <i>4/17/17</i>		Payee name <i>Sunburst Beauty Pageant</i>			
Amount (\$) <i>\$150.</i>		Payee address; City; State; Zip Code <i>11125 Park Blvd Ste. 104, Seminole Florida 33772</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</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>sponsorship Madison F. Leal</i>		
	9 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-9</i>		2 FILER NAME: <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date: <i>4/26/17</i>		5 Payee name: <i>Leadership Brownsville</i>			
6 Amount (\$): <i>\$100.</i>		7 Payee address; City; State; Zip Code: <i>847 E. Elizabeth St. Bro. TX. 78520.</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Other</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>Pod Cast Sponsorship</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <i>4/26/17</i>		Payee name: <i>Cameron County Bar Association</i>			
Amount (\$): <i>\$450.</i>		Payee address; City; State; Zip Code: <i>P.O. Box 3866, Bro. TX. 78523</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Other</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>Catala Sponsorship</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <i>5/3/17</i>		Payee name: <i>El Valle Noticias</i>			
Amount (\$): <i>\$100.</i>		Payee address; City; State; Zip Code: <i>3032 Resaca Vista Dr. Bro. TX. 78526</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>advertising 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>print media</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 F2: <u>1</u>	2 FILER NAME <i>Sylvia Garcia-Perez</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 | 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 F4: <u>1</u>	2 FILER NAME: <u>Sylvia Garcia-Perez</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>Sylvia Garcia Perez</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
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

PAYMENT MADE 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 | 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 H: <u>1</u>	2 FILER NAME <u>Sylvia Garza-Perez</u>	3 Filer ID (Ethics Commission Filers)
------------------------------------	--	---------------------------------------

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business 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	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business 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	Office held
--	-------------------------------	---------------	-------------

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>1-1</i>		2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/10/17</i>		5 Payee name <i>Lone Star National Bank</i>			
6 Amount (\$) <i>\$1.</i>		7 Payee address; City; State; Zip Code <i>2100 Boca Chica 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>ATM Handling Fee</i>	
Date <i>2/10/17</i>		Payee name <i>Lone Star National Bank</i>			
Amount (\$) <i>\$1.</i>		Payee address; City; State; Zip Code <i>2100 Boca Chica 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>ATM Handling Fee</i>	
Date <i>3/10/17</i>		Payee name <i>Lone Star National Bank</i>			
Amount (\$) <i>\$1.</i>		Payee address; City; State; Zip Code <i>2100 Boca Chica 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>ATM Handling Fee</i>	
Date <i>4/10/17</i>		Payee name <i>Lone Star National Bank</i>			
Amount (\$) <i>\$1.</i>		Payee address; City; State; Zip Code <i>2100 Boca Chica 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>ATM Handling Fees.</i>	

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: 1-2		2 FILER NAME <i>Sylvia Garcia-Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/17/17</i>		5 Payee name <i>Lone Star National Bank</i>			
6 Amount (\$) <i>\$6.99</i>		7 Payee address; City; State; Zip Code <i>5100 Boca Chica Bldg. 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>Chargeback Fee</i>	
Date <i>5/10/17</i>		Payee name <i>Lone Star National Bank</i>			
Amount (\$) <i>\$1.</i>		Payee address; City; State; Zip Code <i>2100 Boca Chica Bldg. 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>ATM Debit Fee</i>	
Date <i>06/09/17</i>		Payee name <i>Lone Star National Bank</i>			
Amount (\$) <i>\$1.</i>		Payee address; City; State; Zip Code <i>2100 Boca Chica Bldg 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>ATM Debit Fee.</i>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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: /

2 FILER NAME

Sylvia Garcia-Pérez

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 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 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 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 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-Periz

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 F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) travelling

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 F4
 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 F4
 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 Garza-Pérez

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