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 (fled: |
|---------------------------------------|--|---------------------------------------|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Sylma Hary NICKNAME LAST | Geres Suffix | OFFICE USE ONLY Date Received CAMERON COUNTY |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUITE #; C | DITY; STATE; ZIP CODE | DEPARTMENT OF ELECTIONS & VOTER REGISTRATION |
| OFFICEHOLDER MAILING ADDRESS | | | JAN 1 3,2021 |
| Change of Address | P.O. Box 4322, Brown | noville, Tx. 78523 | RECEIVED . |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (956) 346-5367 | EXTENSION By: | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | Sulvia Gara-Pe | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | | · | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUI | ITE #; CITY; STATE; | ZIP CODE |
| (Residence or Business) | | | |
| | P.O. Box 4322, Bre | unorulle , LX | 78523 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (954) 3465367 | EXTENSION . | |
| 9 REPORT TYPE | January 15 30th day before ele | ection Runoff | 15th day after campaign |
| | յեսի 15 8th day before elect | tion Exceeded \$500 limit | treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| | | | Time report (magicoror) - 114 |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| OOVERLD | 07/01/2020 | THROUGH /2/ | 31 /2020 |
| II ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year Primary | Runoff Other Description | |
| | General General | Special | |
| 2 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | | |
| | Cameron County Clerk | | |
| | GO ТО Р | | |

1:49

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Dylua . | Gang-Perez | 15 Filer ID (Ethics Commission Filers) |
|--|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI OIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES. | THOUT THE CANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | AN \$ 50.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 50,00 |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED | \$ |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$60.00 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD | DAY \$ 26.20 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | THE \$ |
| 18 AFFIDAVIT | | | |
| (*) Note | Dorisa Hernandez ary Public, State of Te Comm. Exp. 12/11/2 otary ID 13137672- | true and correct and includes all info under Title 15, Election Code. | perjury, that the accompanying report is permution required to be reported by me didate or Officeholder |
| AFFIX NOTARY STAM | P/SEALABOVE | | O |
| Sworn to and subsci | ribed before me, l | by the said Sylvia Garza-Pere | = Z , this the B |
| day of $\frac{1313}{2000000000000000000000000000000000000$ | ,20_2/, | to certify which, witness my hand and seal of office. | and the second s |
| 2 Harris | | Donse Hemanel | Notary |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of officer administering oath |

| , | | | | |
|---|--|--------|-----|---------|
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| | | · * | e e | and the |
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| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER N | Sylvia Garza-Perez | 20 Filer ID (Ethics Con | mmis | ion Filers) |
|-----|---------|--|-------------------------|------|--------------------|
| | | JLE SUBTOTALS F SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | Ø |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | Ø |
| 3. | | \$ | Ø | | |
| 4. | | SCHEDULE E: LOANS | | \$ | Ø |
| 5. | | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON | NTRIBUTIONS | \$ | Ø |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | Ø |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF | \$ | Ø | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | Ø |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ | Ø |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ | Ø |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | 60.00 |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | IONS RETURNED | \$ | Ø |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The | Instruction Guide explains how to cor | 1 Total pages Schedule A1: | |
|---|-----------------|--|--|-------------------------------|
| 2 | FILER NAME | Muia Garge. | 3 Filer ID (Ethics Commission Filers) | |
| 4 | Date | 5 Full name of contributor □ ou | t-of-state PAC (ID# | 7 Amount of contribution (\$) |
| | | 6 Contributor address; C | ity; State; Zip Code | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | tions) |
| | Date | Full name of contributor 🔲 out | t-of-state PAC (ID#:) | Amount of contribution (\$) |
| | | Contributor address; C | ity; State; Zip Code | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | Date | Full name of contributor 🔲 out | t-of-state PAC (ID#:) | Amount of contribution (\$) |
| | | Contributor address; Ci | ity; State; Zip Code | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | Date | Full name of contributor 🔲 cut | I-of-state PAC (ID#:) | Amount of contribution (\$) |
| | | Contributor address; Cit | ty; State; Zip Code | |
| | Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | | |
| | | | | |
| | | | | |
| | | ATTACH ADDITIONAL If contributor is out-of-state PAC, please | COPIES OF THIS SCHEDULE AS Notes that the contraction of the contracti | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| | | | · | | |
|--------------------------|---|-------------|--------------------------------|---|--|
| Th | ne Instruction Guide explains how to complete this for | n. | 1 Total pages Schedule A2: | | |
| 2 FILER NAM | Meria Sary Perco | | 3 Filer ID (Ethics Co | mmission Filers) | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | | |
| 5 Date | 6 Full name of contributor | | 8 Amount of Contribution \$ | 9 In-kind contribution description | |
| | 7 Contributor address; City; State; | Zip Code | Check if travel outsi | , de of Texas. Complete Schedule T. | |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICI | AL)(See Instructions) | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JL | DICIAL) (See Instructions) | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor |) | Amount of Contribution \$ | In-kind contribution description | |
| V V. | Contributor address; City; State; | Zip Code | Check if travel outsi | de of Texas. Complete Schedule T. | |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | FOR NON-JUDICL | AL)(See Instructions) | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JU | DICIAL) (See Instructions) | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | | |
| | | | | : | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDU | JLE AS NEEDED | | |

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

| Th | ne Instruction Guide explains how to complete this | s form. | 1 Total pages Sched | lule B: | |
|-----------------------|--|----------------------|---------------------------------------|---|--|
| FILER NAM | E Sphia Dang De | 3 Filer ID (Ethics C | 3 Filer ID (Ethics Commission Filers) | | |
| TOTAL O | F UNITEMIZED PLEDGES | Y | \$ | | |
| Date | 6 Full name of pledgor | ate; Zip Code | 8 Amount of Pledge \$ | 9 In-kind contribution description | |
| | | | Check if travel outs | . ide of Texas. Complete Schedule T | |
| 0 Principal oc | cupation / Job title (See Instructions) | 11 Employer (See | Instructions) | | |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind contribution description | |
| | Pledgor address; City; St | ate; Zip Code | | [- | |
| | | | Check if travel outs | . ide of Texas. Complete Schedule T | |
| Principal occ | upation / Job title (See Instructions) | Employer (See | nstructions) | | |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind contribution description | |
| | Pledgor address; City; St | ate; Zip Code | | : [| |
| | | | Check if travel outs | l į ide of Texas. Complete Schedule T | |
| Principal occ | cupation / Job title (See Instructions) | Employer (See | e Instructions) | | |
| Date | Full name of pledgor out-of-state PAC (ID#: | | Amount of Pledge \$ | in-kind contribution description | |
| | Pledgor address; City; State | ; Zip Code | | - - | |
| | | | Check if travel outs | de of Texas. Complete Schedule T | |
| Principal occi | upation / Job title (See Instructions) | Employer (See | Instructions) | | |
| | | | | | |

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITED ZED LOANS \$ Date of loan 7 Name of lender Loan Amount (\$) ut-of-state PAC (ID#:_ 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City: State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate is lender City; State; Zip Code Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION State; Zip Code City; Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | | EXPENDITURE C | ATEGORIES F | FOR BOX 8(a) | | |
|---|--------------------|---|--|--------------------------------|--|-------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Office Over Polling Exp se Printing Ex Salaries/W | opense /ages/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense |
| 1 Total pages/Schedule F1: | 2 FILER NA | Muia | Guna | Jerry | 3 Filer ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee nar | me // | 0 | 0 | | |
| 6 Amount (\$) | 7 Payee add | dress; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category | r (See Categories listed at the top | of this schedule) | (b) Description | | |
| | (c) (| Check if travel outside of Texas. Comp | plete Schedule T. | Check if Austi | in, TX, officeholder living | j expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ite / Officeholder name | | Office sought | | Office held |
| Date | Payee nan | ne - | | | | |
| Amount (\$) | Payee add | łress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (| (See Categories listed at the top of | this schedule) | Description | | |
| | c | Check if travel outside of Texas. Comp | lete Schedule T. | Check if Austir | n, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OH | | te / Officeholder name | | Office sought | | Office held |
| Date | Payee nam | ne | | | | |
| Amount (\$) | Payee addi | ress; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (S | See Categories listed at the top of I | this schedule) | Description | | |
| | cr | heck if travel outside of Texas. Comple | ete Schedule T. | Check if Austin, | , TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate | e / Officeholder name | | Office sought | | Office held |
| | ATTA | CH ADDITIONAL COPI | ES OF THIS S | CHEDULE AS NEE! | DED | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

| If the requested infor | mation is not | applicable, DO r | | io pago | т. со тор | 016. | | |
|--|----------------------------|---|--|--------------|-----------|---|----------------------------|--|
| | | EXPENDITURE | CATEGORIES I | OR BOX | 10(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | F F Sy C | Event Expense Fees Food/Beverage Expense Bift/Awards/Memorials Exp Legal Services | Office Ove Polling Ex pense Printing E | | l Expense | Transporta Travel in D Travel Out | District Of District | Expense t & Related Expense ot listed above) |
| | | The Instruction Guid | e explains how to d | complete th | | | | |
| 1 Total pages Schedule F2: | 2 FILER NY | Mua | Large | Ger | ex | 3 Filer ID | (Ethics Com | mission Filers) |
| 4 TOTAL OF UNITER | IIZED UNP | AID INCURRED | OBLIGATION | IS | 0 | \$ | | |
| 5 Date | 6 Payee na | me | | | | | | |
| 7 Amount (\$) | 8 Payee ac | ldress; | | | City; | | State; | Zip Code |
| 9 TYPE OF EXPENDITURE | Po | litical | Non-Po | litical | | | | |
| 10 PURPOSE OF EXPENDITURE | | (See Categories listed at the | | (b) Desc | | n TX officeb | older living exp | ênse |
| | L | | | | | | | |
| 11 Complete ONLY if direct expenditure to benefit C/Oł | | date / Officeholder na | ame C | Office soug | ht | | Office held | |
| | | | ame C | Office soug | ht | | Office held | |
| expenditure to benefit C/Oł | 1 | me | ame C | Office soug | ht City; | | Office held | Zip Code |
| expenditure to benefit C/Of | Payee na | me | ame C | | | | | Zip Code |
| Date Amount (\$) TYPE OF | Payee na | me Idress; | Non-Po | blitical | | | | Zip Code |
| Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF | Payee na Payee ad Pol | me Idress; | Non-Po | blitical | City; | | | |
| Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF | Payee na Payee ad Category | me Idress; Itical (See Categories listed at the | Non-Po top of this schedule) | blitical | City; | | State; | |
| Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct | Payee na Payee ad Category | me Idress; Itical (See Categories listed at the | Non-Po top of this schedule) | olitical Des | City; | | State; holder living ex | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | · · | • | |
|--------------|--|------------------------------|-----------|
| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: | / |
| 2 FILER NAME | Min Dany Perez | 3 Filer ID (Ethics Commissio | n Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | | |
| | 6 Address of person from whom investment is purchased; Cit | ty; 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 | y; State; | Zip Code |
| | Description of investment | | |
| | Amount of investment (\$) | | |
| | - | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

| If the requested information is not applicable, DO NOT include this page in the report. | | | | | | |
|--|--|---|-------------------------------|--|------------------------|--|
| | EXPENDITU | RE CATEGORIES F | OR BOX 10(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica | al Committee Legal Services | Office Over nse Polling Exp is Expense Printing Ex | pense lages/Contract Labor | Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego | ment & Related Expense | |
| 1 Total pages Schedule F4: | 2 FILERNAME (MM) | Gara-C | Jeren/ | 3 Filer ID (Ethics (| Commission Filers) | |
| 4 TOTAL OF UNITEM | IZED EXPENDITURES C | HARGED TO A CR | EDIT CARD | \$ | | |
| 5 Date | 6 Payee name | | | l | | |
| 7 Amount (\$) | 8 Payee address; | | City; | State; | Zip Code | |
| 9 TYPE OF EXPENDITURE | Political | Non-Po | litical | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed (C) Check if travel outside of | at the top of this schedule) Texas, Complete Schedule T. | (b) Description Check if Au | ıstin, TX, officeholder living | expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholde | er name O | ffice sought | Office h | əld | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code | |
| TYPE OF EXPENDITURE | Political | Non-Pa | litical | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed Check if travel outside of | at the top of this schedule) Fexas. Complete Schedule T. | Description Check if At | ustin, TX, officeholder living | ı expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholde | er name Of | ffice sought | Office he | ∍ld | |
| | | | | | | |
| | ATTACH ADDITIONAL | COPIES OF THIS SO | CHEDULE AS NE | EDED | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| 1 | | , and the page in the second | F |
|---|---|---|---|
| | EXPENDITURE CATEGO | ORIES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Fees Food/Beverage Expense By Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER WAME Same | Heren/ | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | ð | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| Relmbursement from political contributions intended | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this sche | dule) (b) Description | |
| EXPENDITURE | (c) Check if travel outside of Texas, Complete Sched | tule T. 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 (\$) | Payee address; | City; | State; Zip Code |
| Reimbursement from political contributions intended | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche | edule) Description | |
| | Check if travel outside of Texas, Complete Sched | lule T. Check if Austin, | TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| Reimbursement from political contributions intended | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche | dule) Description | |
| | Check if travel outside of Texas, Complete Schedi | ule T. 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 1 | THIS SCHEDULE AS NEED! | ED _ |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

| | The Instruction Guide explains how to comp | plete this form. |
|---------------------------|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME GASSA & | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 67/15/20 | 5 Payee name / Lone Star Nationa | O |
| 6 Amount (\$) | 7 Payee address; | City State Zip Code |
| \$10 | P.O. Box 1127, Phur | TR. 78577 |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE | service fre | Sand fue |
| Date 08/10/20 | Payee name Lone Star National | |
| Amount (\$) | Payee address; | City State Zip Code |
| \$10. | P.O. Box 1127, Tharr., | d. 78577 |
| PURPOSE OF | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| EXPENDITURE | service fre | back fees |
| Date 09/10/20 | Payee name Lone Star Wationa | el Brik |
| Amount (\$) | Payee address; | City State Zip Code |
| \$10. | 9.0. Box 1127, Phan | . Lx. 28577 |
| PURPOSE OF | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| EXPENDITURE | Service fee | book fees |
| Date 10/09/20 | Payee name Lone Star Nation | ral Sonh |
| Amount (\$) | Payee address; | City State Zip Code |
| #10. | 9.0. BX 1127 | Than, Sx. 78577 |
| PURPOSE OF | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| EXPENDITURE | Service fre | bank fees |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEEDED |

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | EXPEN | NDITURE CATEGORIE | S FOR BOX 8(a) | | |
|---|--------------------------------|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | cal Committee Legal Services | e Expense Polling lemorials Expense Printin | Repayment/Reimbursement Overhead/Rental Expense g Expense ge Expense es/Wages/Contract Labor to complete this form. | Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor | ment & Related Expense |
| 1 Total pages Schedule H: | 2 FILER MANE | e Gana E | Perez/ | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Business hame | 0 | 0 | | |
| 6 Amount (\$) | 7 Business address; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories i | listed at the top of this schedule) | (b) Description | | |
| | (c) Check if travel outsic | de of Texas, Complete Schedule T. | Check if Austin, | , TX, officeholder living ex | cpense . |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeho H | lder name | Office sought | | Office held |
| Date | Business name | | | | NAC AND ASSESSMENT OF THE PARTY |
| Amount (\$) | Business address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories li | isted at the top of this schedule) | Description | | |
| | Check if travel outsid | de of Texas. Complete Schedule T, | Check if Austin, | TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officehol | lder name | Office sought | | Office held |
| Date | Business name | | | | |
| Amount (\$) | Business address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories li | isted at the top of this schedule) | Description | | |
| | Check if travel outsid | le of Texas, Complete Schedule T. | Check if Austin, | TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officehol | ider name | Office sought | | Office held |
| | ATTACH ADDITI | ONAL COPIES OF THIS | S SCHEDULE AS NEED | DED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

| | The Instruction Guide explains how to com | plete this form. | |
|------------------------------|--|---|---------------------------------|
| 1 Total pages Schedule I: | 2 FILER NAME Sylvin Grand. | arile 3 File | r ID (Ethics Commission Filers) |
| 4 Date ///10/20 | 5 Payee name Some Has Water | ral Bonh | |
| 6 Amount (\$) | 7 Payee address; | City | State Zip Code |
| \$10. | P.O. Box 1127, Ph. | ars, TK. 7 | 8577 |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instruction required.) | s regarding type of information |
| OF EXPENDITURE | Service fees | Sont for | es |
| Date /2/10/20 | Payee name Star Water | onal Bank | • |
| Amount (\$) | Payee address; | City | State Zip Code |
| \$10. | P.O. Box 1127, 9h | arr, dx. 7 | 8577 |
| PURPOSE OF | Category (See instructions for examples of acceptable categories,) | Description (See instruction required.) | s regarding type of information |
| EXPENDITURE | Service Lees | bank | lees |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City | State Zip Code |
| | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instruction required.) | s regarding type of information |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City | State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instruction required.) | s regarding type of information |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED | |

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

SCHEDULE T

| ii the requested | intormation | is not ap | plicable, DO NO I | include this page | in the report. | |
|------------------------|--|---------------|--------------------------|---------------------|----------------------------|---------------|
| The Insti | ruction Guid | e explains | s how to complete t | his form. | 1 Total pages Schedule T: | / |
| 2 FILER NAME | Sylu | ia) | Dans - | Gerez, | 3 Filer ID (Ethics Commiss | ion Filers) |
| 4 Name of Contributor | / Corporation | ı or Labor C | Organization / Pledgor | /Payee 8 | | |
| 5 Contribution / Expen | diture reporte | d on: | | | | |
| Schedule A2 | Sch | nedule B | Schedule B(J) | Schedule G2 | Schedule D | Schedule F1 |
| Schedule F2 | Sch | nedule F4 | Schedule G | Schedule H | Schedule COH-UC | Schedule B-SS |
| 6 Dates of travel | 7 Name | of person(s) |) traveling | | | |
| | 8 Departi | re city or n | name of departure loca | ition | | |
| | 9 Destina | tion city or | name of destination lo | ocation | | |
| 10 Means of transporta | tion | 11 Purpo | ose of travel (including | name of conference, | seminar, or other event) | |
| Name of Contributor | / Corporation | or Labor C | Organization / Pledgor | / Payee | | |
| Contribution / Expend | diture reporte | d on: | | | | |
| Schedule A2 | Sch | edule B | Schedule B(J) | Schedule C2 | Schedule D | Schedule F1 |
| Schedule F2 | Sch | edule F4 | Schedule G | Schedule H | Schedule COH-UC | Schedule B-SS |
| Dates of travel | Dates of travel Name of person(s) traveling | | | | | |
| | Departure city or name of departure location | | | | | |
| | Destina | tion city or | name of destination lo | ocation | | |
| Means of transportat | tion | Purpo | ose of travel (including | name of conference, | seminar, or other event) | |
| Name of Contributor | / Corporation | or Labor O | Organization / Pledgor | / Payee | | |
| Contribution / Expend | diture reporte | :no b | | | | |
| Schedule A2 | Sched | ule B | Schedule B(J) | Schedule C2 | Schedule D | Schedule F1 |
| Schedule F2 | Sched | ıle F4 | Schedule G | Schedule H | Schedule COH-UC | Schedule B-SS |
| Dates of travel | Name o | f person(s) | traveling | | | |
| | Departu | re city or na | ame of departure locat | tion | | |
| | Destinat | ion city or r | name of destination lo | cation | | |
| Means of transportat | ion | Purpo | se of travel (including | name of conference, | seminar, or other event) | |
| | A | TACH AD | DITIONAL COPIES | OF THIS SCHEDUL | E AS NEEDED | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| If the reque | ested information is not applicable, DO NOT include this page i | n the report. | |
|--------------|--|------------------------|--------------------|
| The | e Instruction Guide explains how to complete this form. | 1 Total pages Sched | dule K: |
| 2 FILER NAME | Jalien Gury Guez | 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; Sta | ate; 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; St | ate; 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; Sta | ate; 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; St | ate; Zip Code | |
| | Purpose for which amount is received Check if | political contribution | returned to filer |
| | 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 N | VAME Sylvinia Harry Perez 2 Filer ID (Ethics Commission Filers) |
| 3 | SIGNA | ITURE () |
| | designa | expect any further political contributions or political expenditures in connection with my candidacy. I understand that sting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file. |
| | | Signature of Candidate / Officeholder |
| 4 | | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. •• |
| | A. | CAMPAIGN FUNDS |
| | Chec | k 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 | conly 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 |
| | | EHOLDER Dete 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 |

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