# SYLVIA GARZA-PEREZ

30 Days Before Election the March 1, 2022

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	(MS) MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	Garza Per	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	, , , , , , , , , , , , , , , , , , , ,	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
Change of Address	P.O. B.	0x 4322, Be	6. Tx. 78523	5: 2097 AN 31 2022
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBÉR 46-5367	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Sulling)	MI	Receipt # Anounts
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Darya-	Perez	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE), APT / S		STATE; ZIP CODE
(Residence or Business)	P.O.BOX	(4322, Bru	o. Tx. 78523	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 46-5367	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	01/	01/2022	THROUGH 01/	31 /2022
11 ELECTION	ELECTION DA	Year Primary	ELECTION TYPE  Runoff Other Description	
	03/01/	2002 General	Special	
12 OFFICE	OFFICE HELD (If any)	on County Cla	erh Caneron	County Clerk
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, <i>THESE EXPENDITURES</i>	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		<u> </u>		
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POPULATIONS OR CONTRIBUTIONS MAD	OLITICAL CONTRIBUTIONS (OTHER T GUARANTEES OF LOANS, OR E ELECTRONICALLY)	HAN \$	ø.
	2. TOTAL POLITICAL CO	<b>ONTRIBUTIONS</b> S, LOANS, OR GUARANTEES OF LOA	NS) \$	5.00.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.	\$	674.05
	4. TOTAL POLITICAL EX	PENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON- OF REPORTING PERIOR	TRIBUTIONS MAINTAINED AS OF THE	LAST DAY \$	3,572.63 11,820.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOANS AS ORTING PERIOD	S OF THE \$	
	Please co	Signature of Signature of Omplete either option belo	Candidate or O	officeholder /
(1) Affidavit	NORA LIZA BARRON NOTARY PUBLIC STATE OF TE MY COMM. EXP. 10/28/20 NOTARY ID 12960116-2	25		
NOTARY STAMP/SEAL	. Shiin Gar	to Jakon	2154	Transfer of
20, to certify w	pefore me by MVA, GOT which, witness my hand and seal of off you DOWN M		ne 21 da	stant
Signature of officer administeri	ng_eath Printed name	e of officer administering oath	Title	of officer administering oath
(2) Unsworn Declaratio	-	OR		
(2) Olisworn Declaratio	n			
My name is		, and my date of birth	is	
My address is				
	(street)	(city)	(state) (zip o	code) (country)
Executed in	County, State of	, on the day of (mo	, 20 nth)	)(year)
		Signature of Can	didate/Officehold	ler (Declarant)

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAM	20 Filer ID (Ethics Cor	nmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	X :	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ &
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$ \$500.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$ Ø
4.	SCHEDULE E: LOANS			\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$2998.58
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	X s	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ <b>L</b>
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ &
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ Ø
11.	X s	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 6%
12,	X	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	* Ø

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME	Sylvia Garye	Peren	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	 pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
i	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

m.	1 Total pages Sched	lule A2:
es	3 Filer ID (Ethics Co	ommission Filers)
BUTIONS	\$	
Zip Code	8 Amount of Contribution \$  \$ 500.  Check if travel outs	9 In-kind contribution   description   LULINT FOOD   TOWNES   TOWNES   DOWNESS COMPLET SCHEDULE T.
11 Employe	er (FOR NON-JUDICI.	AL)(See Instructions)
13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I I
Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
	Zip Code  11 Employe  15 Law firm  Zip Code  Employe  Contribut  Law firm	3 Filer ID (Ethics Contribution \$  8 Amount of Contribution \$  Zip Code Check if travel outs  11 Employer (FOR NON-JUDICAL  13 Contributor's job title (FOR JUDICAL  15 Law firm of contributor's spound of Contribution \$  Zip Code Contribution \$

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule B:		
FILER NAME	Sulvia Garzo V.	Perez/	3 Filer ID (Ethics Co	ommission Filers)	
TOTAL OF	UNITEM ZED PLEDGES		\$		
Date	6 Full name of pledgor	:	8 Amount I of Pledge \$ I	9 In-kind contribution description	
	7	State; Zip Code	 		
	·		Check if travel outsi	de of Texas. Complete Schedulo	
Principal occu	pation / Job title (See Instructions)	11 Employer (See In	structions)		
Date	Full name of pledgor		Amount I of Pledge \$	In-kind contribution description	
	Pledgor address; City; S	State; Zip Code	.   		
			Check if travel outsic	de of Texas. Complete Schedulo	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of pledgor	)	Amount of   Pledge \$	In-kind contribution description	
	Pledgor address; City; S	tate; Zip Code	1 1		
			Check if travel outsid	e of Texas, Complete Schedule	
Principal occup	oation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	e; Zip Code	1   		
			Check if travel outsid	e of Texas. Complete Schedule	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins			
		<u></u>			

#### **LOANS**

#### SCHEDULE E

		OT include this page in the re	
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
Sylvia Gary-Perez			3 Filer ID (Ethics Commission File
TOTAL OF UI	NITEMIZED LOANS		\$
Date of loan	7 Name of lender	e PAC (ID#:)	9 Loan Amount (\$)
ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Coll	iateral	15	
none		Check if personal fun account (See Instruc	nds were deposited into political titions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	tion (See Instructions)		
Г Мінсіраі Ососора	ion (See instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fund account (See Instruct	ds were deposited into political (ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			

Forms provided by Texas Ethics Commission

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

				me bage in the r		
		EXPENDITURE CAT	regories f	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Overl Polling Exp Printing Exp Salaries/Wa	kpense /ages/ContractLabor	Travel In District Travel Out Of Distric	ipment & Related Expense
	N		ains now to ou	omplete this ioini.		
1 Total pages Schedule F1:	2 FILER NA	ame Sulvia	Yang	4-Perezi	3 Filer ID (Ethic	cs Commission Filers)
4 Date 01/14/22	5 Payeene	am's Club	20	0		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
\$291.48	357	0 W. alton Glo	oor, Br	•		•
8	(a) Category	y (See Categories listed at the top of the	this schedule)	(b) Description		
PURPOSE	1		1	1		
OF EXPENDITURE	ever	nt expense		Meet & G	rest Eveni	tin Laterie
	(c)	Check if travel outside of Texas. Complete	te Schedule T.	Check if Aust	stin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
01/15/22	HE	EB				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
7300	2155	Taredes Li	ne Rd	. Bro. Tx	C. 7852	/
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF	<b>*</b> * * *	8		• # - · · · · ·		46 4
EXPENDITURE	Utr.	her		HEB B	195 Cards	s for walker
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	lin, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee nar	me				
01/15/22	Ć V ć	5				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
\$200		Alton Gloor Bli		Bro.	TK. 783	526
PURPOSE OF	Category (	(See Categories fisted at the top of this	schedule)	Description		
OF EXPENDITURE	Othe	21		GIFT CAND	RY FOR EVEN	IT DOOL PRIZES
	c	Check if travel outside of Texas. Complete S			n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officeholder name		Office sought		Office held

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Y Gift/Awards/Memorials Expense Printing Ex	, xpense Vages/Contract Labor	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 F1:	2 FILER NAME Juliua Garra-Pe	red	3 Filer ID (Ethics Commission Filers)
4 Date 01/89/22	5 Payer name St. Mary's Cathelic	School	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200.00	1300 Los Ebunos Blud. Bro	wnsville, TV	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	2122 Styl	EShow Ad.
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/11/22	El Valle Noticies		
Amount (\$)	Payee address;	City;	State; Zip Code
\$375.00	3032 Resaca Vista Dr.	Brownsville	Tx. 78526
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertaging Expense	camean	in advertising
EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name		•
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OFDate	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  The Dive  Payee address:	City;	on, TX, officeholder living expense  Office held  State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate  O1/28/22  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  The Dive  Payee address:	City;	on, TX, officeholder living expense  Office held  State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate  Date  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  The Dive  Payee address;  LOD Springmart Bluck.  Category (See Categories listed at the top of this schedule)	City;	on, TX, officeholder living expense  Office held  State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate  O1/28/22  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  The Dive  Payee address;  LOD Springmart Bluck.	City;  Bro. Ty.  Description  Sponob  Wow or Wo	Office held  State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate  O1/28/22  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  The Dive  Payee address;  LOD Springmart Bluck.  Category (See Categories listed at the top of this schedule)  Other  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City;  Bro. Ty.  Description  Sponob  Wow or Wo	State; Zip Code  78524  Ship for Regulation

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER N 3 Filer ID (Ethics Commission Filers) 4 Date City; State: Zip Code **PURPOSE** OF on-line advantise Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Sunshine Paper Corporation City: 01/28/22 Zip Code 90 N. main St. Donna, Tx 78537 \$1,182.10 **PURPOSE** Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State: Zip Code City; Category (See Calegories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Contributions/Donations Made By 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. 2 FILERMAND 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; Zip Code State: TYPE OF Non-Political **EXPENDITURE** Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

T	he instruction Guide explains how to complete this form.	1 Total pag	ges Schedule F3:	
2 FILER NAME	Sylvia Darry-Perer	3 Filer ID	(Ethics Commissi	on Filers)
4 Date	5 Name of person from whom investment is purchased			
		City;	State;	Zip Code
	7 Description of investment			
The second secon	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
•	Address of person from whom investment is purchased; Ci	ity;	State;	Zip Code
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDEI	D	

#### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE **F4**

If the requested inform	mation is not applicable, DC	NOT include this	s page in the rep	oort.	
		RE CATEGORIES F			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Office Ove se Polling Ex Expense Printing Ex	pense /ages/ContractLabor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME .	Gassa-Fa	res	3 Filer ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CH	/1	EDIT ARD	\$	
5 Date	6 Payee name				
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 at		(b) Description		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder		ffice sought	stin, TX, officeholder living	
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed a	t the top of this schedule)	Description		
	Check if travel outside of Te	exas, Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name Of	ffice sought	Office he	eld
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **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/Varres/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAVE Shua Bange	Perec	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	y	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule 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 lop of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule 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 lop of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule 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 THIS S	CHEDULE AS NEEDE	ED .

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

#### SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 H:	2 FILER NAME YMUIA YAS	su-Perer	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	0 8	
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch		
	(c) Check if travel outside of Texas, Complete Sche	edule T, Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 sch	edule) Description	
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	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 sch	edule) Description	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin, 1	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 NEED	ED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME Julius Sarry Per	ey,	3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee partie			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of	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 required.)	instructions regarding type of	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 required.)	instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	f information
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	Sylvin Harry Perer	3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Name of person from whom amount is received	8	Amount (\$)
	6 Address of person from whom amount is received; City; Star	re; Zip Code	
	7 Purpose for which amount is received Check if	political contribution return	ned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
İ	Purpose for which amount is received Check if p	political contribution return	ed to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution return	ed to filer
Date	Name of person from whom amount is received		Amount (\$)
70/14/11	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returne	ed to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE T

1	information is not applicable. PO NOT in about 41:	SCHEDULE I	
II the requested in	nformation is not applicable, DO NOT include this page	in the report.	
	ruction Guide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME	Sylvin Dary Peres	3 Filer ID (Ethics Commission Filers)	
	/ Corporation or Labor Organization / Pledgdr / Payee		
5 Contribution / Expend	liture 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) traveling		
	8 Departure city or name of departure location		
	Destination city or name of destination location		
10 Means of transportation	ion 11 Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendi	iture reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule G Schedule H		
Dates of travel	Name of person(s) traveling	Schedule COH-UC Schedule B-SS	
	Departure city or name of departure location		
-			
	Destination city or name of destination location		
Means of transportatio	Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor / (	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditu	ure 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	n Purpose of travel (including name of conference, ser	minar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A		
	THACH ADDITIONAL COPIES OF THIS SCHEDULE F	AS NEEDED	

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			10KW 0/011 - 110	
		The Instruction Guide explains how to complete thi	is form.	
		•• Complete only if "Report Type" on page 1 is marked '	"Final Report" ••	
1	C/OH I	NAME Sphuia Larza Parez	2 Filer ID (Ethics Commission Filers)	
3	SIGNA	ATURE // /		
	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.			
		Sign	nature of Candidate / Officeholder	
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete 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 earne	ed 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	k only one:		
		I do not retain assets purchased with political contributions or interest or other in	come 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 plete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder wifile. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	s if, after filing the last required report as	
			Signature of Officeholder	