

SYLVIA
GARZA-PEREZ

July 15, 2022

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:

23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Sylvia
NICKNAME LAST SUFFIX
Sylvia - Perez

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

8:25am JUL 07 2022

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

P.O. Box 4322 Brownsville, Tx. 78523

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 346-5367

Date Hand-delivered or Date Postmarked

By: *Audrey*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Sylvia
NICKNAME LAST SUFFIX
Sylvia - Perez

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

(Residence or Business)

P.O. Box 4322, Brownsville, Tx. 78523

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 346-5367

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

02 / 23 / 2022 THROUGH 06 / 30 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 22

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

County Clerk

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | | | |
|-------------------------|----|--|----|--|
| 15 C/OH NAME | | <i>Sylvia Garza-Pérez</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | <i>900.00</i> |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | <i>10,475.00</i> |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | <i>2,130.93</i> |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | <i>6,566.77</i> |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | <i>5,375.75</i> |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | <i>0</i> |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sylvia Garza-Pérez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Sylvia Garza-Pérez*, and my date of birth is *May 9, 1962*

My address is *P.O. Box 4322*, *Brownsville*, *Tx.*, *78523*, *USA*
(street) (city) (state) (zip code) (country)

Executed in *Cameron* County, State of *Texas*, on the *6th* day of *July*, 20*22*
(month) (year)

Sylvia Garza-Pérez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Sylvia Gemp-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 | \$ 8050.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2425.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4435.84 |
| 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 | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>1 of 1</i> |
| 2 FILER NAME <i>Sylvia Garza Pirez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>04/11/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Asim Zamir MD</i> | 7 Amount of contribution (\$) <i>\$600</i> |
| 6 Contributor address; City; State; Zip Code <i>4430 E. 14th St., Suite A Bro TX 78520</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>04/18/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edwin N. Judghum</i> | Amount of contribution (\$) <i>\$ 300.</i> |
| Contributor address; City; State; Zip Code <i>5707 Mystic Bend Bro TX 78526</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>04/18/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Escobedo</i> | Amount of contribution (\$) <i>\$ 1200.</i> |
| Contributor address; City; State; Zip Code <i>55 Balonshy St. Bro TX. 78521</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>04/18/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Salazar</i> | Amount of contribution (\$) <i>\$600</i> |
| Contributor address; City; State; Zip Code <i>611 E. Loop 499, Harlingen TX 78530</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <i>1 of 2</i> |
| 2 FILER NAME <i>Sylvia Gang Perez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>04/19/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linberger Cozyan Blair</i> | 7 Amount of contribution (\$) <i>\$600</i> |
| | 6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin TX. 78740</i> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Tetreau</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>725 Paredes Line Rd. Bro TX. 78521</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kassandra Elejarru</i> | Amount of contribution (\$) <i>\$600.</i> |
| Contributor address; City; State; Zip Code <i>715 US 83 Business, Alamo TX 78516</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oneida Duberney</i> | Amount of contribution (\$) <i>\$200</i> |
| Contributor address; City; State; Zip Code <i>4375 Paredes Line Rd. #201, Bro. TX. 78524</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 of 3 |
| 2 FILER NAME <i>Sylvia Gary Peery</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>04/20/22</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia A. Martinez</i> | 7 Amount of contribution (\$) \$100. |
| | 6 Contributor address; City; State; Zip Code <i>1207 Kerria Ave. McAllen TX. 78501</i> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|--|
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adela Kowalski-Gary</i> | Amount of contribution (\$) \$250. |
| | Contributor address; City; State; Zip Code <i>5455 Dragonwick, Bro. TX. 78526</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|--|
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M. Gabriela Sanales</i> | Amount of contribution (\$) \$100. |
| | Contributor address; City; State; Zip Code <i>1938 Royal Oak St, Bro. TX. 78520</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|--|
| Date <i>04/20/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zuhaco DBA Bar-B</i> | Amount of contribution (\$) \$100. |
| | Contributor address; City; State; Zip Code <i>401 Boca Chica Blvd. #106, Bro. TX 78520</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|--|
| | | |
|--|--|--|

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1 of 4*

2 FILER NAME

Sylvia Lopez-Perez

3 Filer ID (Ethics Commission Filers)

4 Date

04/20/22

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

Valleywide Pharmacy

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

680 Paradise Lane Rd. Bro. TX. 78521

\$1200.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

July 1/22

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

Armando M. Saldana

Amount of contribution (\$)

Contributor address; City; State; Zip Code

5711 N. 10th St. #115 McAllen TX 78504

\$1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/22

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

Treasury for South Texas

Amount of contribution (\$)

Contributor address; City; State; Zip Code

121 N. 10th St. McAllen TX. 78501

\$1000.

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: <i>1 of 1</i> | |
| 2 FILER NAME <i>Sylvia Garg-Perez</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>04/18/22</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Bustos</i> | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code <i>2684 W. Alton Elgar Blvd. Brio TX.</i> | <i>\$ 800</i> | <i>event center April Event</i> |
| 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>04/18/22</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miriam Gray</i> | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code <i>1423 Charles Ave. Naperville Illinois</i> | <i>\$ 1,125</i> | <i>Food/April Event</i> |
| 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

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

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <i>1 of 2</i> | |
| 2 FILER NAME <i>Sylvia Gonzales-Perez</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>04/</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Onelia Salinas</i> | 8 Amount of Contribution \$ <i>\$500</i> | 9 In-kind contribution description <i>Beverages April Event</i> |
| 7 Contributor address; City; State; Zip Code <i>3502 W. Spur Highway Abilene Tx. 78552</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| 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: 1

2 FILER NAME *Sylvia Anna Perez*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See 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 outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See 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 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: 1

2 FILER NAME

Sylvia Gage Perez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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 of 1</i> | 2 FILER NAME <i>Sylvia Ganga-Perez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>02/24/22</i> | 5 Payee name <i>Oscar Palomo / Digital Printing</i> | |
| 6 Amount (\$) <i>\$1500.</i> | 7 Payee address; City; State; Zip Code <i>2900 Central Blvd Ste. G-1, Bro. Tx. 78521</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>remaining balance on signage</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>03/07/22</i> | Payee name <i>El Valle Noticias</i> | |
| Amount (\$) <i>\$300.</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 <i>online advertisement</i> |
| | <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 <i>03/19/22</i> | Payee name <i>CCDP (Cameron County Democratic Party)</i> | |
| Amount (\$) <i>\$500.</i> | Payee address; City; State; Zip Code <i>1411 N. Stuart Place Rd., Ste. C. Harlingen, Tx.</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>other</i> | Description <i>convention sponsorship</i> |
| | <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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 of 2</i> | 2 FILER NAME <i>Sylvia Garcia-Perez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>03/30/22</i> | 5 Payee name <i>The Grafik Spot</i> | |
| 6 Amount (\$) <i>\$238.15</i> | 7 Payee address; City; State; Zip Code <i>1265 N. Expressway 83, Bro. TX. 78520</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event expense</i> | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>04/26/22</i> | Payee name <i>Nuestra Cultura Mariachi Association</i> | |
| Amount (\$) <i>\$329.68</i> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Other</i> | Description <i>sponsorship</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>05/02/22</i> | Payee name <i>Oscar Palomo / Digital</i> | |
| Amount (\$) <i>500.00</i> | Payee address; City; State; Zip Code <i>2900 Central Blvd., Ste. G-1, Bro. TX. 78521</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>remaining balance</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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 of 3</i> | 2 FILER NAME: <i>Sylvia Garg-Perez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: <i>3/21/22</i> | 5 Payee name: <i>Dallas General</i> | |
| 6 Amount (\$): <i>\$261.15</i> | 7 Payee address; City; State; Zip Code: <i>1552 Palm Blvd. A, Brownsville, Tx. 78520</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): <i>Other</i> | (b) Description: <i>Easter Baskets / Care Packages</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date: <i>04/09/22</i> | Payee name: <i>Dallas Tree</i> | |
| Amount (\$): <i>\$261.03</i> | Payee address; City; State; Zip Code: <i>4445 N. Expressway, Bro. Tx. 78520</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Other</i> | Description: <i>Easter goodies for Baskets</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date: <i>05/17/22</i> | Payee name: <i>Taquitas Locas Brownsville</i> | |
| Amount (\$): <i>\$245.83</i> | Payee address; City; State; Zip Code: <i>600 Springmart, Bro. Tx. 78526</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): <i>Event expense</i> | Description: <i>GOTV Event.</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: <i>1 of 4</i> | 2 FILER NAME <i>Sylvia Garg-Perez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>06/20/22</i> | 5 Payee name <i>Xochitil Llamas</i> | |
| 6 Amount (\$) <i>\$300.00</i> | 7 Payee address; City; State; Zip Code <i>1717 Palm Blvd. #203, Bco., TX. 78520.</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>car details</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <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 | |
| 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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---------------------------------------|
| 1 Total pages Schedule F2: 1 | 2 FILER NAME <i>Soledad Garza-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 <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

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 George Perry

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: <i>1</i> | 2 FILER NAME <i>Stephan Gump-Perez</i> | 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 | 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 G: <u>1</u> | 2 FILER NAME <i>Sylvia Surge Perry</i> | 3 Filer ID (Ethics Commission Filers) |
|------------------------------------|--|---------------------------------------|

| | |
|--------|--|
| 4 Date | 5 Payee name <i>Sylvia Surge Perry</i> |
|--------|--|

| | |
|--|--|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

| | | |
|--------------------------|--|---|
| 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 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 |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 <i>Sylvia Dunge-Paray</i> | 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: <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> | 2 FILER NAME <div style="font-size: 1.5em; font-family: cursive; text-align: center;">Sylvia Ganga Pérez</div> | 3 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|

| | |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

| | |
|---------------|--|
| 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 instructions regarding type of information required.) |
|---|--|--|

| | |
|------|------------|
| 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.) |
|---------------------------------------|--|--|

| | |
|------|------------|
| 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.) |
|---------------------------------------|--|--|

| | |
|------|------------|
| 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 Garza-Perez

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: 1

2 FILER NAME

Sylvia Guiza-Perez

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule 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

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