SYLVIA
GARZA-PEREZ

SEMI- ANNUAL REPORT JULY 15, 2023

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed://
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Sylvia	мі		ENSE ONLY
	NICKNAME	Aarza-Perc	SUFFIX		NI OF ELECTIONS & REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	, , , , , , , , , , , , , , , , , , ,	CITY; STATE; ZIP CODE	Commen	1 4 2023
Change of Address	POBO	x 4322, Br	O. Tx. 78523	ev. N	TEVEN /
5 CANDIDATE/ OFFICEHOLDER PHONE		PHONE NUMBER/	EXTENSION		red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	O FIRST	Mi	Receipt #	Amount \$
NAME	NICKNAME	Jylvia LAST	SUFFIX	Date Processed	
		Garra-Per		Date Imaged	***************************************
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL		STATE;	ZIP CODE
(Residence or Business)	PO BOX	4322, Bro.	Tx., 78523		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 465367	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		after campaign appointment
7.00	July 15	8th day before elec	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Ye	
	01	01/2023	THROUGH O6/	30/2	023
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other		
	/ /	General	Description	****	
12 OFFICE	OFFICE HELD (If any)	n County Cler	13 OFFICE SOUGHT (if known)	· • • • • • • • • • • • • • • • • • • •	
14 NOTICE FROM POLITICAL	FIRE CANDIDATE / OFFIC	JEHULUER. IMESE EXPENDITURES I	CCEPTED OR POLITICAL EXPENDITURES MAI MAY HAVE BEEN MADE WITHOUT THE CANDI ED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OD ASSIASIO	VIDERIO MAIOUR FROM OR I
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			TO THE PART OF THE
Additional Pages	GENERAL	COMMITTEE ADDRESS	39941		· · · · · · · · · · · · · · · · · · ·
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	***************************************	
	;	COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P	'AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6.		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &		
	4. TOTAL POLITICAL EXPENDITURES	\$ 78.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 129.65		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information		
	quired to be reported by me under Title 15, Election Code.	and farest and morages air incrination		
	- Hiller and	\mathcal{A}_{L}		
	- Symme	Men -		
	Signature of Cano	date or Officeholder		
	U = U			
	•			
	Please complete either option below:			
	- September of the sept			
	ANRY PUBL	DORISA HERNANDEZ		
		OTARY PUBLIC, STATE OF TEXAS		
(1) Affidavit MY COMM, EXP. 07/13/2026				
	10 to	NOTARY ID 13137672-2 .		
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by Sylvia Garza - Perez this the 1	3th day of July,		
20 <u>23</u> , to certify	which, witness my hand and seal of office.			
12 HA	Donisa dornandos	Notein		
Signature of officer administe		Title of officer administering oath		
_				
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
My address is				
	(street) (city) (ctal	te) (zip code) (country)		
Everyted in	Courts Obstact			
Executed in	County, State of, on theday of(month)	, 20 (year)		
	(Horally	(A.m.)		
	Signature of Candidate	e/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Et	thics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 78.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$ 0
	The state of the s	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MMARIE 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	Sylvia Garca-Perez		3 Filer ID (Ethics Commission Filers)
4 Date		PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
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 Instruc	tions)
Date	Full name of contributor □ out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<u></u>					
	Th	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:	
2	FILER NAM	Sylvia Garra-Perez	***************************************	3 Filer ID (Ethics Commission Filers)	
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$	
5	Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description	
		7 Contributor address; City; State;	Zip Code		
		upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
		principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)	
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of In-kind contribution Contribution \$ description	
	Tomas de la companya	Contributor address; City; State;	Zip Code		
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)			
	R	ATTACH ADDITIONAL COPIES OF T			

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the reque	sted information is not applicable, DO NOT in	clude this page	in the report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME	Sylvia Garea - Perez		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor	ate; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; St	ate; Zip Gode	Amount of Pledge \$	In-kind contribution description
Principal occup	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.

Date	Full name of pledgor ☐ out-of-state PAC (iD#:	ate; Zip Code	Amount of Pledge \$	In-kind contribution description
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	Zip Code	Amount of Pledge \$	in-kind contribution description
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES (DE THIS SCHEDU	I E A S AIGEDED	
If o	contributor is out-of-state PAC, please see Instr			requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ylvia Garra-Perez TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-of-state PAC (ID#:_ 9 Loan Amount (\$) 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) Out-of-state PAC (ID#: Interest rate Is lender Lender address; City; State; Zip Code 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 Name of guarantor **GUARANTOR** Amount Guaranteed (\$) INFORMATION 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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		g Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NEWE Sylvia Eurra-Perez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•	
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
]	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, 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	S SCHEDULE AS NEE	DED

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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out of District Other (enter a category not listed above)
		ains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER MANIE . GAVEG - F.	Percz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL		\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	and the state of t
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	nis schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	Market Land	and the state of t
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of thi	is schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T, Check if Au	stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEI	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sche	edule F3:	1
2 FILER NAME	Sylvia Garra-Perez	3	Filer ID	(Ethics (Commission	Filers)
4 Date	5 Name of person from whom investment is purchased	<u> </u>	**			
	6 Address of person from whom investment is purchased; City	у;	• • • • • • •	St	ate;	Zip Code
	7 Description of investment				·	
	8 Amount of investment (\$)					, ,
Date	Name of person from whom investment is purchased					nemove to the second se
	Address of person from whom investment is purchased; City			St	ate;	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.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (anther a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
The instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER PAME, JANEA -	Perez	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED		\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ıstin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF Expenditure	Category (See Categories listed at the top of this	s schedule) Description			
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	ıstin, 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

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/Fundralsing Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ivia Gara Perez 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; Zip Code State: Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	•	Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAMED VIA GAVEN PER	'CT	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 sched	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	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 sched	lule) Description	
· ·	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> 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 sched	lule) Description	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Gulde explains how to cor	mplete this form.		
1 Total pages Schedule I:	2 FILER NATURE	3 Filer ID (Ethics Commission Filers)		
1 of 1	Sylvia Garra-Perez	2.		
4 Date	5 Payee name			
01/10/23	LSNB			
6 Amount (\$)	7 Payee address;	City State Zip Code		
\$ 13.	P.O. BOX 1127 Phas	n Jeyas 78577		
8 PURPOSE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	other	benk-fee		
Date , å	Payee name			
02/10/23	<i>SSNB</i>			
Amount (\$)	Payee address;	City State Zip Code		
<i>\$13</i> .	P.O. BOX/127	Pharr Jevas 78577		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
OF Expenditure	other	bank fee		
Date #	Payee name			
03/10/83	LSNB			
Amount (\$)	Payee address;	City State Zip Code		
\$/3.	P.O. Box 1127 I	harr, Jews 78577		
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)		
EXPENDITURE	other	bank fee		
Date 6	Payee name			
04/10/23	LSNB			
Amount (\$)	Payee address;	City State Zip Code		
\$13.	P.O. Box 1127 D	harr, Jexas 78577		
PURPOSE OF	Category (See instructions for examples of acceptable categorles.)	Description (See instructions regarding type of information required.)		
EXPENDITURE	Other	bauktee		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

			····				
	The Instruction Guide explains how to co	omplete this form.					
1 Total pages Schedule I:	2 FILER NAME Sylvie Garra-Per	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name		L				
05/10/83	LSNB						
6 Amount (\$)	7 Payee address;	City	State	Zip Code			
<i>\$13.</i>	P.O. Box 1127 P.	hors, Jey	las 785	77			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)		instructions regarding type of	Information			
EXPENDITURE	Other	bunk fecs					
Date 06/10/83	Payee name LSWB						
Amount (\$)	Payee address;	City	State	Zip Code			
\$13.	P.O. Box 1127 7	Phane, dexus	7857	77			
PURPOSE OF	Category (See instructions for examples of acceptable categories.)] -	instructions regarding type of	information			
EXPENDITURE	Other	bank fa	5				
Date	Payee name						
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of	information			
Date	Payee name			AMERICAN CONTRACTOR CO			
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	instructions regarding type of	information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE K

		·					
	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:					
2 FILER NAME	Sylvia Garra-Perer	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; Stat	te; Zip Code					
	7 Purpose for which amount is received Check if p	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	ute; Zip Code					
	Purpose for which amount is received Check if p	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	e; Zip Code					
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	Address of person from whom amount is received; City; State	e; Zlp Code					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE T

It the requested	Information	n is not applicable, D e	O NOT inclu	de this page	in the report.			
The Instruction Guide explains how to complete this form.					1 Total pages Schedule T	: /		
2 FILER NAME Sulvia Gravea- Percz					3 Filer ID (Ethics Comm	ission Filers)		
4 Name of Contributo		n or Labor Organization /		3				
5 Contribution / Exper	nditure report	ed on:				• · · · · · · · · · · · · · · · · · · ·		
Schedule A2			ule B(J)	Schedule C2	Schedule D	M ~ 1 1 1 2 2 4		
Schedule F2								
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling							
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10 Means of transporta	 ation	11 Purpose of travel (i	including name (of conforence i	seminar, or other event)	70M		
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Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destinat	ion city or name of destin	nation location					
Means of transportati	ion	Purpose of travel (including name of conference, seminar, or other event)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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