

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.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <hr/> NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <hr/> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Laredo Motor Carriers Association</i> COMMITTEE ADDRESS <i>Laredo Truck PAC</i> COMMITTEE CAMPAIGN TREASURER NAME <i>2715 E. Del Mar Ste. F2</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>Laredo, TX 78041</i>	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Vanessa Perez</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,500</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>5,756.59</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,541.70</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>22,773.08</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Vanessa Perez

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 Vanessa Perez, and my date of birth is Feb. 10, 1982
 My address is 414 Crossb. ll st., Laredo, Tx, 78045, Webb
(street) (city) (state) (zip code) (country)
 Executed in Webb County, State of Texas, on the 15 day of July, 2025.
(month) (year)

Vanessa Perez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Vanessa Perez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2,500</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E. LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>4,785.11</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 1/9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC - Texas Realtors PAC	7 Amount of contribution (\$) 1,500
6 Contributor address, City, State, Zip Code P.O. Box 2246 Austin, TX 78768		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LMCA - Laredo Truck PAC	Amount of contribution (\$) 1,000
Contributor address, City, State, Zip Code 2715 E. Del Mar Ste.F2 Laredo, Tx 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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 2		2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 1/2/25		5 Payee name Apple Card			
6 Amount (\$) 65.57		7 Payee address, City, State, Zip Code Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead		(b) Description Credit card payment		
	<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					
Date 1/2/25		Candidate / Officeholder name Storage Star			
Amount (\$) 184		Office sought Office held			
Payee name		City, State, Zip Code			
Payee address,		2110 Quail Creek Laredo, TX 78045			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense		Description Storage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 1/2/25		Candidate / Officeholder name Longhorn Steakhouse			
Amount (\$) 761.79		Office sought Office held			
Payee name		City, State, Zip Code			
Payee address,		5301 San Dario Ave Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description Event - Swearing In Lunch		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/25	5 Payee name Andrew Mata	
6 Amount (\$) 1500	7 Payee address: City, State, Zip Code 120 Biscayne Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign media
	(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 1/31/25	Payee name Longhorn Steckhouse	
Amount (\$) 70.74	Payee address: City, State, Zip Code 5301 San Dario Ave. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description Meeting
	<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 2/3/25	Payee name Storage Star	
Amount (\$) 184	Payee address: City, State, Zip Code 2110 Quail Creek Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
	<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 | 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: 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 2/3/25	5 Payee name Apple Card
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6 Amount (\$) 65.57	7 Payee address: Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) overhead	(b) Description credit card payment
	(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
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Date 3/3/25	Payee name Storage Star
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Amount (\$) 184	Payee address: 2110 Quail Creek Laredo, TX 78045	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
	<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
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Date 3/3/25	Payee name Apple Card
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Amount (\$) 65.57	Payee address: Goldman Sachs Bank Lockbox 6112, P.O. Box 7247	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) overhead	Description credit card payment
	<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
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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 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Payee name Target.com	
6 Amount (\$) 166.05	7 Payee address: City: State: Zip Code P.O. Box 9350 Minneapolis, MN 55440	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Overhead	(b) Description supplies
	(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 3/12/25	Payee name Capital Visitor Center	
Amount (\$) 351.34	Payee address: City: State: Zip Code 1st St. SE Washington, DC 20515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift expense	Description Gifts
	<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 4/1/25	Payee name Apple Card Payment	
Amount (\$) 65.57	Payee address: City: State: Zip Code Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead	Description credit card payment
	<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	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: **7** 2 FILER NAME: **Vanessa Perez** 3 Filer ID (Ethics Commission Filers):

4 Date: **4/3/25** 5 Payee name: **Storage Star**

6 Amount (\$): **184** 7 Payee address: **2110 Quail Creek Laredo, TX 78045** City: State: Zip Code

8 PURPOSE OF EXPENDITURE: **Rental Expense** (a) Category (See Categories listed at the top of this schedule): (b) Description: **Storage**

(c) Check if travel outside of Texas. Complete Schedule T 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: **4/4/25** Payee name: **Posh Sushi**

Amount (\$): **80.90** Payee address: **7019 W. Village #101 Laredo, TX 78041** City: State: Zip Code

PURPOSE OF EXPENDITURE: **Food expense** Category (See Categories listed at the top of this schedule): Description: **meeting**

Check if travel outside of Texas. Complete Schedule T Check if Austin, TX officeholder living expense

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

Date: **4/25/25** Payee name: **Posh Sushi**

Amount (\$): **147.07** Payee address: **7019 W. Village #101 Laredo, TX 78041** City: State: Zip Code

PURPOSE OF EXPENDITURE: **Food expense** Category (See Categories listed at the top of this schedule): Description: **meeting**

Check if travel outside of Texas. Complete Schedule T 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 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 4/28/25	5 Payee name Target	
6 Amount (\$) 69.77	7 Payee address, City, State, Zip Code 7501 San Dario Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift expense	(b) Description Gift
	(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 5/1/25	Payee name Apple Card	
Amount (\$) 65.57	Payee address, City, State, Zip Code Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead	Description Credit Card Payment
	<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 5/5/25	Payee name Storage Star	
Amount (\$) 184	Payee address, City, State, Zip Code 2110 Quail Creek Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
	<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

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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: 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Payee name Apple Card Payment	
6 Amount (\$) 65.57	7 Payee address; City: State: Zip Code Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description Credit Card Payment
	(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
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Date 6/3/25	Payee name Storage Star		
Amount (\$) 184	Payee address; City: State: Zip Code 2110 Quail Creek Laredo, TX 78045		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage	
	<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
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Date 6/9/25	Payee name Posh		
Amount (\$) 140.03	Payee address; City: State: Zip Code 7019 W. Village #101 Laredo, TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description Meeting	
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED