



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Patsy Perez*

15 ACCOUNT # (Ethics Commission Filers)

16 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11550.00
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ 5011.35
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7986.99
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

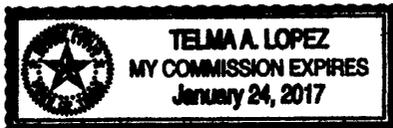
EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

18 AFFIDAVIT

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.



*Patsy Perez*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Patsy Perez*, this the *15th* day of *January*, 20 *14*, to certify which, witness my hand and seal of office.

*Telma A. Lopez*

Telma A. Lopez

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 6

2 FILER NAME

Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2013

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

Mark Carlson

6 Contributor address; City; State; Zip Code

4763 Ocean  
Corpus Christi TX 78412

7 Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2013

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

Robert C. Wolter

Contributor address; City; State; Zip Code

325 Santa Monica PL.  
Corpus Christi TX 78411

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Raub Law Firm PC

Contributor address; City; State; Zip Code

814 Leqard St.  
Corpus Christi TX 78401

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Robert C. Hilliard LLP

Contributor address; City; State; Zip Code

719 S. Shoreline suite 500  
Corpus Christi TX 78401

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

David Walsh dba Walsh law firm

Contributor address; City; State; Zip Code

PO Box 2728  
Corpus Christi TX 78403

Amount of contribution (\$)

300.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 6

2 FILER NAME

Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2013

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

William A. Thao III P.E.

6 Contributor address; City; State; Zip Code

9708 S. Padre Island Dr A-101  
Corpus Christi TX 78418

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2013

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

Linebarger, Goggan Blair & Sampson LLP

Contributor address; City; State; Zip Code

PO Box 17428  
Austin Texas 78760

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Donnell, Abernethy & Kieschnick

Contributor address; City; State; Zip Code

PO Box 2624  
Corpus Christi TX 78403

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Alma Garcia Flores dba Bail Busters Bail Bond

Contributor address; City; State; Zip Code

1624 Leopard Ste B  
Corpus Christi TX 78401

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

John A. Sixta Jr

Contributor address; City; State; Zip Code

555 N. Carancahna Ste 850 tower 11  
Corpus Christi TX 78401

Amount of contribution (\$)

150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 6

2 FILER NAME

Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2013

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

Patrick L. Beam

6 Contributor address; City; State; Zip Code

555 N. Carancahua Suite 200  
Corpus Christi TX 78401

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2013

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

Bonilla Investments

Contributor address; City; State; Zip Code

PO Box 5080  
Corpus Christi TX 78465

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Tony Bonilla

Contributor address; City; State; Zip Code

2727 Morgan Ave.  
Corpus Christi TX 78405

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Patricia Bell

Contributor address; City; State; Zip Code

3017 Ocean Dr  
Corpus Christi TX 78404

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Jose Antonio Canales

Contributor address; City; State; Zip Code

PO Box 5624  
Corpus Christi TX 78465

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 of 6</b>	
2 FILER NAME <b>Patsy Perez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2013</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>N. J. Welsh III</b> 6 Contributor address; City; State; Zip Code <b>426 S. Tanchava Corpus Christi TX 78401</b>	7 Amount of contribution (\$) <b>150.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Webb, Cason &amp; Corneh PC</b> Contributor address; City; State; Zip Code <b>710 N. Mesquite St Corpus Christi TX 78401</b>	Amount of contribution (\$) <b>200.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie Cassidy PLLC</b> Contributor address; City; State; Zip Code <b>814 Leopard St Corpus Christi TX 78401</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gould law firm</b> Contributor address; City; State; Zip Code <b>5959 S. Staples suite 228 Corpus Christi TX 78413</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2013</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gonzalez &amp; Gonzalez LLP</b> Contributor address; City; State; Zip Code <b>5959 S. Staples suite 205 Corpus Christi TX 78413</b>	Amount of contribution (\$) <b>300.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 6

2 FILER NAME

Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2013

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

Reynaldo Martinez Jr.

6 Contributor address; City; State; Zip Code

306 Greenview  
Portland TX 78374

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2013

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

Angelina Guajardo dba A61 Insurance

Contributor address; City; State; Zip Code

406 S. Commercial St.  
Aransas Pass TX 78336

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

F. Edward Barker T #1

Contributor address; City; State; Zip Code

5022 Cape Romain Dr  
Corpus Christi TX 78412

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Batek & Robinson LLP

Contributor address; City; State; Zip Code

102 N. Staples  
Corpus Christi TX 78401

Amount of contribution (\$)

600.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2013

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

Huerta Guerra Beam PLLC

Contributor address; City; State; Zip Code

924 Leopard St  
Corpus Christi TX 78401

Amount of contribution (\$)

600.00

In-kind contribution description (if applicable)

(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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**6 of 6**

2 FILER NAME

**Patsy Perez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2013**

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

**Porter, Rogers, Dahlman & Gordon**

6 Contributor address; City; State; Zip Code

**PO Box 2968  
Corpus Christi TX 78403**

7 Amount of contribution (\$)

**150.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**2013**

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

**McKibben & Villarred LLP**

Contributor address; City; State; Zip Code

**555 N. Carancahiva Ste 1000  
Corpus Christi TX 78401**

Amount of contribution (\$)

**150.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2013**

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

**Randall Barrera PLLC**

Contributor address; City; State; Zip Code

**5959 S. Staples Ste 208  
Corpus Christi TX 78413**

Amount of contribution (\$)

**150.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2013**

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

**Hoseman & Stewart PLLC**

Contributor address; City; State; Zip Code

**615 N. Broadway Ste 2000  
Corpus Christi TX 78401**

Amount of contribution (\$)

**200.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2013**

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

**Jorge C. Rangel**

Contributor address; City; State; Zip Code

**PO Box 2683  
Corpus Christi TX 78403**

Amount of contribution (\$)

**1000.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>104</b>	2 FILER NAME <b>Patsy Perez</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2013</b>	5 Payee name <b>Map of Texas</b>	
6 Amount (\$) <b>15.00</b>	7 Payee address; City; State; Zip Code <b>Corpus Christi TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office overhead</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>supplies</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2013</b>	Payee name <b>NC Democratic Party</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>PO Box 60962 Corpus Christi TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>solicitation expense</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2013</b>	Payee name <b>NC Democratic Party</b>	
Amount (\$) <b>1250.00</b>	Payee address; City; State; Zip Code <b>PO Box 60962 Corpus Christi TX 78401</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>registration</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2013</b>	Payee name <b>Hi-Ho Restaurant</b>	
Amount (\$) <b>173.20</b>	Payee address; City; State; Zip Code <b>3703 Morgan Ave Corpus Christi TX 78405</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>food for fundraiser tournament</b>
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****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2 of 4</b>	2 FILER NAME <b>Patsy Perez</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2013</b>	5 Payee name <b>CCALP</b>	
6 Amount (\$) <b>24.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 48 Corpus Christi Tx 78403</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>event expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>solicitation expense</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>2013</b>	Payee name <b>Bobby Balderes</b>	
Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>11408 Leopard Corpus Christi Tx 78410</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>event expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>solicitation expense</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>2013</b>	Payee name <b>El Tejano</b>	
Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>2505 Sarita St Corpus Christi Tx 78405</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>ad</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>2013</b>	Payee name <b>Blessed St John Paul</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>3036 Saratoga Blvd Corpus Christi Tx 78415</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>ad.</b>
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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 4	<b>2</b> FILER NAME Patsy Perez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--------------------------------------------	------------------------------------	-----------------------------------------------

<b>4</b> Date 2013	<b>5</b> Payee name 1st Community Bank
-----------------------	-------------------------------------------

<b>6</b> Amount (\$) 26.70	<b>7</b> Payee address; City; State; Zip Code 416 North Water Corpus Christi Tx 78401
-------------------------------	---------------------------------------------------------------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting / Banking	(b) Description (If travel outside of Texas, complete Schedule T) fees on account
---------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 2013	Payee name Nueces Democrats
--------------	--------------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code PO Box 60962 Corpus Christi Tx 78401
-----------------------	---------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) solicitation expense
------------------------	-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

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

Date 2013	Payee name River Hills CC.
--------------	-------------------------------

Amount (\$) 2398.61	Payee address; City; State; Zip Code 4225 River Hill Dr. Corpus Christi Tx 78426
------------------------	----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) fund raiser tournament
------------------------	-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

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

Date 2013	Payee name Westside Business Assoc.
--------------	----------------------------------------

Amount (\$) 40.00	Payee address; City; State; Zip Code 3209 S. Staples Corpus Christi Tx 78411
----------------------	------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) solicitation 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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 4	<b>2</b> FILER NAME Patsy Perez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2013	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) 208.84	<b>7</b> Payee address; City; State; Zip Code 3829 Highway 77 Corpus Christi TX 7840
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) prizes for fundraiser tournament
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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