

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MRS	FIRST Patricia LAST Perez NICKNAME Patsy	MI A SUFFIX A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 421 Sharon Corpus Christi TX	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 510-2046	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST Michael LAST Elliott NICKNAME	MI A SUFFIX A
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 321 Artesian St. Corpus Christi, Tx 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 883-3000	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year 07 / 01 / 2014    09 / 25 / 2014		
11 ELECTION	ELECTION DATE Month    Day    Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) District Clerk	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

2014-132

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <u>Patsy Perez</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 1825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6601.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3210.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Patsy Perez  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patsy Perez, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Melanie Barrientes  
Signature of officer administering oath

melanie barrientes  
Printed name of officer administering oath

notary public  
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: <b>1 of 2</b>	
2 FILER NAME <b>Patsy Perez</b>		3. ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>O. Mark Carlson MO</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4763 Ocean Dr Corpus Christi TX 78412</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Webb Cason P.C.</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>710 N. Mesquite Corpus Christi TX 78401</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donnell, Abemethy &amp; Krieschnick</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 2624 Corpus Christi TX 78403</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bonilla Investments</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 5080 Corpus Christi TX 78465</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William O. Bonilla Sr.</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5102 Woodbridge Corpus Christi, TX 78413</b>		(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:  
**2 of 2**

2 FILER NAME **Patsy Perez** 3. ACCOUNT # (Ethics Commission Filers)

4 Date <b>9/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Benilla Sr.</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2727 Morgan Corpus Christi Tx 78405</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frances Brown-Powell</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2049 17th Corpus Christi Tx 78404</b>		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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: <i>1 of 6</i>	2 FILER NAME <i>Patsy Perez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2014</i>	5 Payee name <i>National Pen Company</i>	
6 Amount (\$) <i>188.40</i>	7 Payee address; City; State; Zip Code <i>PO Box 55000 Detroit MI 48255</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising</i>	(b) Description (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>2014</i>	Payee name <i>CCBA</i>	
Amount (\$) <i>70.00</i>	Payee address; City; State; Zip Code <i>555 N. Caranahan Corpus Christi Tx 78401</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event expense</i>	Description (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>2014</i>	Payee name <i>Westside Business Association</i>	
Amount (\$) <i>40.00</i>	Payee address; City; State; Zip Code <i>PO Box 5485 Corpus Christi Tx 78405</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event expense</i>	Description (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>2014</i>	Payee name <i>National Pen Company</i>	
Amount (\$) <i>257.60</i>	Payee address; City; State; Zip Code <i>PO Box 55000 Detroit MI 48255</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising</i>	Description (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

# 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 6</b>		2 FILER NAME <b>Patsy Perez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2014</b>		5 Payee name <b>TCCA</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; City; State; Zip Code <b>PO Box 2146 Denton Tx 76202</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>fees</b>		(b) Description (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 <b>2014</b>		Payee name <b>Wenholz House</b>			
Amount (\$) <b>60.00</b>		Payee address; City; State; Zip Code <b>1200 10th st Corpus Christi Tx 78404</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>donation</b>		Description (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 <b>2014</b>		Payee name <b>Mano A Mano Scholarship</b>			
Amount (\$) <b>20.00</b>		Payee address; City; State; Zip Code <b>615 N Upper Broadway Corpus Christi Tx 78401</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>donation</b>		Description (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 <b>2014</b>		Payee name <b>Friends for Wesley Reed</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>Corpus Christi Tx</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>donation / contribution</b>		Description (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

## 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: 3 of 6	2 FILER NAME Patsy Perez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/11/14	5 Payee name Dale Carnegie Training	
6 Amount (\$) 1345.25	7 Payee address; City; State; Zip Code 555 N. Carancahua Corpus Christi Tx 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) consulting	(b) Description (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 7/23/14	Payee name US Post Office	
Amount (\$) 66.00	Payee address; City; State; Zip Code Lamar Station Corpus Christi Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fees - PO box	Description (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 7/31/14	Payee name Arrow Display	
Amount (\$) 400.00	Payee address; City; State; Zip Code 1340 S. Staples Corpus Christi Tx 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	Description (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 8/4/14	Payee name Democratic Party	
Amount (\$) 1250.00	Payee address; City; State; Zip Code 3765 S Alameda Corpus Christi Tx 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contribution	Description (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

# 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>4 of 6</b>	2 FILER NAME <b>Patsy Perez</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8/14/14</b>	5 Payee name <b>Mary Helen Berlanga</b>
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6 Amount (\$) <b>45.00</b>	7 Payee address; City; State; Zip Code <b>Corpus Christi TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/14/14</b>	Payee name <b>CCALP</b>
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Amount (\$) <b>12.00</b>	Payee address; City; State; Zip Code <b>Corpus Christi TX</b>
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/26/14</b>	Payee name <b>Arrow Display</b>
------------------------	------------------------------------

Amount (\$) <b>324.75</b>	Payee address; City; State; Zip Code <b>1340 S Staples Corpus Christi TX 78404</b>
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/23/14</b>	Payee name <b>El Tejano</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>2505 Sanita Corpus Christi 78405</b>
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

# 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>5 of 6</b>	2 FILER NAME <b>Patsy Perez</b>	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------------	------------------------------------	----------------------------------------

4 Date <b>9/12/14</b>	5 Payee name <b>Quatom Kopies</b>
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6 Amount (\$) <b>557.50</b>	7 Payee address; City; State; Zip Code <b>4701 Ayers Corpus Christi TX 78415</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/12/14</b>	Payee name <b>Us Post Office</b>
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Amount (\$) <b>343.00</b>	Payee address; City; State; Zip Code <b>main Post Corpus Christi TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>postage</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date <b>9/23/14</b>	Payee name <b>Sembroidores de CC</b>
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Amount (\$) <b>60.00</b>	Payee address; City; State; Zip Code <b>Corpus Christi Tx</b>
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>2014</b>	Payee name <b>Sprint</b>
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Amount (\$) <b>348.10</b>	Payee address; City; State; Zip Code <b>Corpus Christi TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>office overhead</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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>6 of 6</b>		2 FILER NAME <b>Patsy Perez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2014</b>		5 Payee name <b>1st Community Bank</b>			
6 Amount (\$) <b>14.00</b>		7 Payee address: City: State: Zip Code <b>5406 Everhart Corpus Christi TX 78411</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) <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 <b>8/1/14</b>		Payee name <b>Democratic Party</b>			
Amount (\$) <b>450.00</b>		Payee address: City: State: Zip Code <b>3765 S Alameda Corpus Christi TX 78411</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>contribution</b>		Description (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 <b>2014</b>		Payee name <b>Arrow Display</b>			
Amount (\$) <b>400.00</b>		Payee address: City: State: Zip Code <b>1340 S Staples Corpus Christi TX 78404</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) <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 (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