Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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:

OFFICE USE ONLY

Date Received: FILED FOR RECORD AT 3:25 M

Date Hand-delivered or Postmarked: OCT 27 2014

Receipt # Amount: DIANA T. BARRERA Clerk, County Court, Nueces County, Texas By Deputy

Date Processed: Deirdre

Date Imaged: Syamker

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: (MS circled) FIRST: Patricia MI: A NICKNAME: Patsy LAST: Perez SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 421 Sharon Corpus Christi TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION: (361) 510-2046
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: (MR circled) FIRST: Michael MI: A NICKNAME: LAST: Elliott SUFFIX:
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 PHONE NUMBER EXTENSION: (361) 883-3000
9 REPORT TYPE	☐ January 15 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year: 09 / 26 / 2014 THROUGH Month Day Year: 10 / 25 / 2014
11 ELECTION	ELECTION DATE Month Day Year: / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): District Clerk
13 OFFICE SOUGHT (if known)	

GO T

2014-152

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
- ☐ GENERAL
- ☐ 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)	$ 10230.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 21894.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11546.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 20000.00

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 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Rachelle A. Limon	Rachelle A. Limon	Deputy Clerk
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 4

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/2/14	Jose Antonio Canales PO Box 5624 Corpus Christi TX 78465	1000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/14	Tony Pletcher 13721 A La Entrada Calle Corpus Christi TX 78418	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/14	Thomas J. Henry 521 Starr Corpus Christi TX 78401	2500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/14	Sico, White, Hoelscher, Harris & Brough 802 N Carancahua Corpus Christi TX 78401	300.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22/14	Linebarger Goggan Blair & Sampson PO Box 17428 Austin TX 78760	600.00	

(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 foradditional 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 4

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7/14	F. Edward Barker 555 N. Carancahua #1200 Corpus Christi TX 78401	600.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/30/14	Wigington Rumley Dunn & Blair 123 North Carrizo Corpus Christi TX 78401	600.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	David Canto 6302 Londonderry Corpus Christi TX 78415	680.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Jerry Guerra PO Box 2528 Corpus Christi TX 78403	600.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	G & M oil field services Corpus Christi TX	600.00	

(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 foradditional 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 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers): 3 of 4

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7/14	David Perry PO Drawer 1500 Corpus Christi TX 78403	1000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/8/14	McKibben & Villarreal LLP 555 N. Carancahua ste 1100 Corpus Christi TX 78401	600.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/2/14	John Sixta Jr. 555 N. Carancahua ste 850 Corpus Christi TX 78401	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	David Guerrero 823 Grace Alice TX 78332	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/14	Roberto Balderas 1513 Clodah Corpus Christi TX 78404	200.00	

(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 foradditional 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: 4 of 4

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/18/14	Abel Herrero PO Box 2423 Corpus Christi TX 78403	200.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/14	Gowan Elizondo LLP 555 N. Carancahua ste 1400 Corpus Christi TX 78401	250.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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 foradditional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 10/14

6 Is lender a financial institution? Y (N)

7 Name of lender: Patsy Perez ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 421 Sharon Corpus Christi TX

9 Loan Amount ($): 20000.00

10 Interest rate: 10%

11 Maturity date: 10/15

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral: ☒ none

15 Check if personal funds were deposited into political account: ☒

16 GUARANTOR INFORMATION: ☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral: ☐ none

Check if personal funds were deposited into political account: ☐

GUARANTOR INFORMATION: ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1 of 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/2/14

5 Payee name: C.C. Bar Association

6 Amount ($): 35.85

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): event expense

(b) Description (If travel outside of Texas, complete Schedule T): ticket cost

☐ 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: 10/1/14

Payee name: El Tejano

Amount ($): 300.00

Payee address; City; State; Zip Code: 2505 Sarita Corpus Christi Tx 78405

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): ad

☐ 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: 10/9/14

Payee name: Alex Garcia

Amount ($): 90.00

Payee address; City; State; Zip Code: Corpus Christi Tx

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): event expense

Description (If travel outside of Texas, complete Schedule T): ticket cost

☐ Check if Austin, TX, officeholder living expense

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

---

Date: 10/9/14

Payee name: Sam's Club

Amount ($): 359.23

Payee address; City; State; Zip Code: 4833 SP10 Corpus Christi Tx 78411

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): fundraising expense

Description (If travel outside of Texas, complete Schedule T): food / bereverage

☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 2 of 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/14/14

5 Payee name: La Paletera

6 Amount ($): 33.00

7 Payee address; City; State; Zip Code: 2701 Morgan Corpus Christi TX 78405

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): food expense

(b) Description (If travel outside of Texas, complete Schedule T): food

☐ 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: 10/11/14

Payee name: Magic 104.9

Amount ($): 1000.00

Payee address; City; State; Zip Code: 2209 NPID Corpus Christi TX 78408

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): ads

☐ 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: 10/9/14

Payee name: CCALP

Amount ($): 12.00

Payee address; City; State; Zip Code: PO Box 48 Corpus Christi TX 78403

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): event expense

Description (If travel outside of Texas, complete Schedule T): ticket cost

☐ Check if Austin, TX, officeholder living expense

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

---

Date: 10/9/14

Payee name: Sam's Club

Amount ($): 101.27

Payee address; City; State; Zip Code: 4833 SPID Corpus Christi TX 78411

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): fundraising event

Description (If travel outside of Texas, complete Schedule T): food / bereage

☐ 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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/9/14

5 Payee name: Sam's Club

6 Amount ($): 45.00

7 Payee address; City; State; Zip Code: 4833 SP10 Corpus Christi TX 78411

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): fees

(b) Description (If travel outside of Texas, complete Schedule T): membership

☐ 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: 9/14

Payee name: Post Master

Amount ($): 245.00

Payee address; City; State; Zip Code: Corpus Christi TX

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): postage

Description (If travel outside of Texas, complete Schedule T): postage

☐ Check if Austin, TX, officeholder living expense

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

---

Date: 9/14

Payee name: Arrow Display

Amount ($): 871.94

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): signs

☐ 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: 9/14

Payee name: Quantom Kopies

Amount ($): 140.73

Payee address; City; State; Zip Code: 4701 Ayers Corpus Christi Tx 78415

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): copies

☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4 of 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9/14

5 Payee name: Quantom Kopies

6 Amount ($): 81.19

7 Payee address; City; State; Zip Code: 4701 Ayers Corpus Christi Tx 78415

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): advertising

(b) Description (If travel outside of Texas, complete Schedule T): copies

☐ 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: 9/14

Payee name: Quantom Kopies

Amount ($): 335.58

Payee address; City; State; Zip Code: 4701 Ayers Corpus Christi Tx 78415

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): copies

☐ Check if Austin, TX, officeholder living expense

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

---

Date: 9/14

Payee name: Sprint

Amount ($): 150.74

Payee address; City; State; Zip Code: Corpus Christi Tx

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): office overhead

Description (If travel outside of Texas, complete Schedule T): phone

☐ 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: 9/14

Payee name: Sprint

Amount ($): 150.76

Payee address; City; State; Zip Code: Corpus Christi Tx

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): office overhead

Description (If travel outside of Texas, complete Schedule T): phone

☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 5 of 7

2 FILER NAME: Patsy Perez

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/21/14

5 Payee name: K-111

6 Amount ($): 5201.96

7 Payee address; City; State; Zip Code: 5002 SPID Corpus Christi TX 78411

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): advertising

(b) Description (If travel outside of Texas, complete Schedule T): ads

☐ 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: 10/20/14

Payee name: The Shark

Amount ($): 500.00

Payee address; City; State; Zip Code: 101 N Shoreline Suite 303 Corpus Christi TX 78401

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): ads

☐ 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: 10/18/14

Payee name: Sam's Club

Amount ($): 15.92

Payee address; City; State; Zip Code: 4833 SPID Corpus Christi 78411

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): food/bereverage

Description (If travel outside of Texas, complete Schedule T): water

☐ 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: 10/23/14

Payee name: mike. Perez

Amount ($): 150.00

Payee address; City; State; Zip Code: Corpus Christi TX

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): advertising

Description (If travel outside of Texas, complete Schedule T): labor

☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
6 of 7	Patsy Perez	

4 Date	5 Payee name
10/14	River Hills County Club

6 Amount ($)	7 Payee address; City; State; Zip Code
1465.00	Corpus Christi Tx

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	event expense	fund raiser ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10/14	Walmart

Amount ($)	Payee address; City; State; Zip Code
440.00	Corpus Christi TX

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	event expense	gift /awards ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10/24/14	KIII

Amount ($)	Payee address; City; State; Zip Code
869.13	5002 SPID Corpus Christi TX 78411

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	advertising	ads ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10/14	Majic 104.9

Amount ($)	Payee address; City; State; Zip Code
2000.00	2209 NPID Corpus Christi TX 78408

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	advertising	labor ☐ 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
7 of 7	Patsy Perez	

4 Date	5 Payee name
10/17/14	Mike Perez

6 Amount ($)	7 Payee address; City; State; Zip Code
300.00	Corpus Christi TX

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	advertising	labor ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10/21/14	KRIS

Amount ($)	Payee address; City; State; Zip Code
4000.00	301 Artesian St. Corpus Christi Tx 78401

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	advertising	ads ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10/21/14	I Heart Media

Amount ($)	Payee address; City; State; Zip Code
3000.00	Corpus Christi Tx

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	advertising	ads ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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

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