

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>RENE</b>	MI <b>-</b>
	NICKNAME <b>-</b>	LAST <b>PEREZ</b>	SUFFIX <b>-</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX <b>518 CHAPOTE AVE</b>	APT / SUITE # <b>HARLINGEN TX</b>	STATE, ZIP CODE <b>TX 78552</b>
	OFFICE USE ONLY Date Received <b>4-21-2021</b> <i>thru email @ 10:33 P.M.</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>453-1404</b>	EXTENSION <b>-</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>JACLYN</b>	MI <b>M</b>
	NICKNAME <b>JACKIE</b>	LAST <b>PEREZ</b>	SUFFIX <b>-</b>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Hand-delivered or Date Postmarked <b>Emailed</b>	
STREET ADDRESS (NO PO BOX PLEASE): <b>518 CHAPOTE AVE HARLINGEN TX 78552</b>		Receipt \$	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>453-1912</b>	EXTENSION <b>-</b>
9 REPORT TYPE	Date Processed <b>4-21-2021</b>		
	Date Imaged <b>4-29-2021</b>		
10 PERIOD COVERED	Date Processed <b>4-21-2021</b>		
11 ELECTION	Date Imaged <b>4-29-2021</b>		
ELECTION DATE Month Day Year <b>5 / 1 / 2021</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>District 5 city Commissioner</b>	
14 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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS <b>NIA.</b>	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

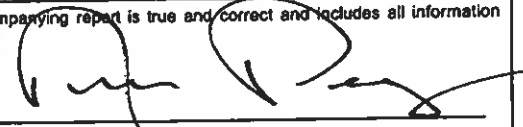
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME **RENE PEREZ** 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,629 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,410. <sup>37</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,368 <sup>18</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath


OR

(2) Unsworn Declaration

My name is **RENE PEREZ**, and my date of birth is **4-11-79**

My address is **SIB CHAROTE AVE** (street), **HARLINGEN TX** (city), **78552** (zip code), **USA** (country)

Executed in **CAMERON** County, State of **TEXAS**, on the **21** day of **April**, 20**21** (month) (Year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>RENE PEREZ</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,525 <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,104 <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,410 <sup>37</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1/2</b>
2 FILER NAME <b>RENE PEREZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-3-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Salazar</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>15080 HARA COURT HARLINGEN TX 78552</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-5-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruben Pena</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>222 W. HARRISON AVE HARLINGEN TX 78552</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-6-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rudolph Martinez</b>	Amount of contribution (\$) <b>\$ 300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>15941 DIZURY ROAD. HARLINGEN TX 78552</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-7-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Lane</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1702 GABRIEL'S LANDING HARLINGEN TX 78550</b>		
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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>212</b>
2 FILER NAME <b>RENE PEREZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-9-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Garcia</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>5718 WILD PERSIMMON HARLINGEN TX 78552</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Juan V. Garcia</b>	Amount of contribution (\$) <b>\$ 1,500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5718 WILD PERSIMMON HARLINGEN TX 78552</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-15-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruben Ochoa</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX 507 SANTA ROSA TX 78593</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-19-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tony Rodriguez</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2858 S. PARKWOOD AVE HARLINGEN TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <b>171</b>	
2 FILER NAME <b>RENE PEREZ</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <del>2,104</del> <sup>00</sup> <b>\$75</b> <sup>00</sup>	
5 Date <b>4-21-21</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Harlingen Professional Firefighters - PAC</b>	8 Amount of Contribution \$ <b>\$2,104</b> <sup>00</sup>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address: City: State: Zip Code <b>P.O. BOX 534252 Harlingen Tx 78553</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <b>NIA</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>NIA</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>NIA</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>NIA</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>NIA</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address: City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <b>NIA</b>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>176</b>	2 FILER NAME <b>KENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-2-21</b>	5 Payee name <b>HOME DEPOT</b>
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6 Amount (\$) <b>\$93.71</b>	7 Payee address: <b>4710 S. EXPRESSWAY 83</b>	City: <b>HARLINGEN</b>	State: <b>TX</b>	Zip Code <b>78550</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>Cable ties, posts for signs.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-2-21</b>	Payee name <b>Brand Boosters</b>
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Amount (\$) <b>\$318.50</b>	Payee address: <b>3607 S.L. LN</b>	City: <b>McAllen</b>	State: <b>TX</b>	Zip Code <b>78503</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>campaign signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4.3.21</b>	Payee name <b>Facebook Inc</b>
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Amount (\$) <b>\$125.00</b>	Payee address: <b>1601 Willow Rd</b>	City: <b>Menlo Park</b>	State: <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Online Ads.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>216</b>	2 FILER NAME <b>RENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-4-21</b>	5 Payee name <b>Anedote</b>
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6 Amount (\$) <b>\$ 4.30</b>	7 Payee address: <b>P.O. BOX 84314</b>	City: <b>BATON ROUGE</b>	State: <b>LA</b>	Zip Code <b>70881</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>fees</b>	(b) Description <b>online donation fee</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-6-21</b>	Payee name <b>Allegra Print &amp; Imaging</b>
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Amount (\$) <b>\$ 1,613.03</b>	Payee address: <b>1801 S. 77. Sunshine strip</b>	City: <b>Harlingen</b>	State: <b>Tx.</b>	Zip Code <b>78552</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Mailers.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-7-21</b>	Payee name <b>Allegra Print &amp; Imaging</b>
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Amount (\$) <b>\$ 1,532.02</b>	Payee address: <b>1801 S. 77. Sunshine Strip</b>	City: <b>Harlingen</b>	State: <b>Tx.</b>	Zip Code <b>78552</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Mailers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>3/6</b>	2 FILER NAME <b>KENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-9-21</b>	5 Payee name <b>Allegra Print &amp; Imaging</b>
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6 Amount (\$) <b>\$ 82. <u>22</u></b>	7 Payee address: <b>1801 S. 77 Sunshine Strip Harlingen Tx. 78552</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>push cards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-10-21</b>	Payee name <b>whataburger # 85</b>
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Amount (\$) <b>\$37. <u>62</u></b>	Payee address: <b>1605 W. Harrison Ave Harlingen Tx. 78550.</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	Description <b>coffee social gathering</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-10-21</b>	Payee name <b>walmart</b>
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Amount (\$) <b>\$ 58 <u>50</u></b>	Payee address: <b>1801 W. Lincoln St. Harlingen Tx. 78552</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food / Beverage expense</b>	Description <b>pasteris / juices social gathering</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> 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 MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>4/6</b>	2 FILER NAME <b>RENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-11-21</b>	5 Payee name <b>Facebook Inc</b>	
6 Amount (\$) <b>\$136.52</b>	7 Payee address: <b>1601 Willow Rd</b>	City, State, Zip Code <b>Menlo Park CA 94025</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>online Ads.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4-12-21</b>	Payee name <b>La Placita LLC</b>	
Amount (\$) <b>\$300.00</b>	Payee address: <b>222 W. HARRISON AVE</b>	City, State, Zip Code <b>HARLINGEN TX. 78550</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>electronic billboard.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4-12-21</b>	Payee name <b>Allegra Print &amp; Imaging</b>	
Amount (\$) <b>\$12.99</b>	Payee address: <b>1801 S. 77 Sunshine strip.</b>	City, State, Zip Code <b>Harlingen Tx. 78550.</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>resizing Ad fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <b>5/6</b>	2 FILER NAME <b>RENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-12-21</b>	5 Payee name <b>PH Anuncios e Impresiones</b>
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6 Amount (\$) <b>\$ 180<sup>00</sup></b>	7 Payee address: <b>Independencia No 300</b>	City <b>Rio Bravo TAM</b>	State <b>TAM</b>	Zip Code <b>—</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>signs.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-16-21</b>	Payee name <b>Facebook Inc.</b>
------------------------	------------------------------------

Amount (\$) <b>\$ 175<sup>00</sup></b>	Payee address: <b>1601 willow Rd</b>	City <b>Menlo Park CA</b>	State <b>CA</b>	Zip Code <b>94025</b>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>online Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-19-21</b>	Payee name <b>Allegra Print + Imaging</b>
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Amount (\$) <b>\$ 981.<sup>78</sup></b>	Payee address: <b>1801 S. 77 Sunshine strip</b>	City <b>Harlingen Tx.</b>	State <b>Tx.</b>	Zip Code <b>78550</b>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Mailers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6 / 6</b>	2 FILER NAME <b>RENE PEREZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-19-21</b>	5 Payee name <b>United States Postal Service</b>
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6 Amount (\$) <b>\$509<sup>18</sup></b>	7 Payee address: <b>221 E. Van Buren Ave Suite 3</b>	City: <b>Harlingen</b>	State: <b>TX</b>	Zip Code <b>78550</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>Mailer postage</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-21-21</b>	Payee name <b>Facebook, Inc</b>
------------------------	------------------------------------

Amount (\$) <b>\$250<sup>00</sup></b>	Payee address: <b>1601 Willow Rd</b>	City: <b>Menlo Park</b>	State: <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>online Ads.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
	<b>NIA.</b>			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**Elizondo, Amanda C.**

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**From:** Rene Perez [votereneperez@gmail.com]  
**Sent:** Wednesday, April 21, 2021 10:33 PM  
**To:** Elizondo, Amanda C.  
**Subject:** financial report 4/21/21  
**Attachments:** Campaign Financial Report 4-21-21 .pdf

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Good Evening Amanda, attached is the newest financial report.



[VoteRenePerez.com](http://VoteRenePerez.com)

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