

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: 116	2 FILER NAME BENE PEREZ	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 Date 4-22-21	5 Payee name Facebook Inc.
--------------------------	--------------------------------------

6 Amount (\$) \$250.⁰⁰	7 Payee address: 1601 Willow Rd	City: Menio Park	State: CA	Zip Code 94025
---	---	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description online Ads.
	(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 BENE PEREZ District 5 city commissioner	Office sought	Office held
---	---	---------------	-------------

Date 4-26-21	Payee name Breaking Boundaries Dance Art Academy
------------------------	--

Amount (\$) \$160.⁰⁰	Payee address: 888 Morgan Blvd.	City: Harlingen	State: Tx.	Zip Code 78550.
---	---	---------------------------	----------------------	---------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description dance company book ad.
	<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 4-26-21	Payee name HOME DEPOT
------------------------	---------------------------------

Amount (\$) \$39.⁰¹	Payee address: 4710 S. Expressway 83	City: Harlingen	State: Tx.	Zip Code 78550.
--	--	---------------------------	----------------------	---------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description posts for signs.
	<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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 216	2 FILER NAME RENE PEREZ	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 Date 4-26-21	5 Payee name Party city
--------------------------	-----------------------------------

6 Amount (\$) \$60.00	7 Payee address: 3000 Pablo Kisel Blvd Brownsville, TX. 78526.
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description tablecloths, decorations
	(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 RENE PEREZ	Office sought District 5 city Commissioner	Office held
---	--	--	-------------

Date 4-26-21	Payee name Reach Progress PBC
------------------------	---

Amount (\$) \$75.00	Payee address: 43-16 12th st 2nd Floor Long Island, NY 11101
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description campaign voter address locator
	<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 4-27-21	Payee name Allegra Print + Imaging
------------------------	--

Amount (\$) \$71.40	Payee address: 1801 S. 77. Sunshine strip. Harlingen Tx. 78552
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description push cards
	<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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/6	2 FILER NAME RENE PEREZ	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 Date 4-27-2021	5 Payee name Trinis Florenia
----------------------------	--

6 Amount (\$) \$ 21. <u>89</u>	7 Payee address: 817 W. Harrison Ave	City: Harlingen Tx.	State: TX.	Zip Code 78550
--	--	-------------------------------	----------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description balloons / stand.
	(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 RENE PEREZ	Office sought Dist. 5 city Commissioner	Office held
---	--	---	-------------

Date 4-27-2021	Payee name Texas BBQ + watering Hole
--------------------------	--

Amount (\$) \$ 108. <u>25</u>	Payee address: 1600 W. HARRISON AVE STE A.	City: Harlingen Tx.	State: TX.	Zip Code 78550
---	--	-------------------------------	----------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description party room / deposit
	<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 4-29-21	Payee name Dollar Tree
------------------------	----------------------------------

Amount (\$) \$ 22. <u>73.</u>	Payee address: 2109 W. Lincoln Ave	City: Harlingen Tx.	State: TX.	Zip Code 78552
---	--	-------------------------------	----------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description decorations.
	<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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/6 2 FILER NAME: RENE PEREZ 3 Filer ID (Ethics Commission Filers)

4 Date: 5-1-2021 5 Payee name: Dollar Tree

6 Amount (\$): \$27.06 7 Payee address: 302 N. Ed Coney Dr. City: Harlingen State: Tx. Zip Code: 78550

8 (a) Category (See Categories listed at the top of this schedule): Event expense (b) Description: decorations
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Rene Perez Office sought: Dist. 5 City Commissioner Office held:

Date: 5-1-2021 Payee name: Texas BBQ + watering Hole

Amount (\$): \$418.64 Payee address: 1600 W. Harrison Ave STE A City: Harlingen State: Tx. Zip Code: 78550

PURPOSE OF EXPENDITURE: Event expense / Food Description: election celebration.
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 5-1-2021 Payee name: walmart

Amount (\$): \$28.31 Payee address: 1801 W. Lincoln St. City: Harlingen State: Tx. Zip Code: 78552

PURPOSE OF EXPENDITURE: Food expense Description: cupcakes / stand.
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 5/6	2 FILER NAME RENE PEREZ	3 Filer ID (Ethics Commission Filers)
---	-----------------------------------	---------------------------------------

4 Date 5-3-21	5 Payee name Dollar Tree
-------------------------	------------------------------------

6 Amount (\$) \$ 8. <u>66</u>	7 Payee address; City; State; Zip Code 2109 W. Lincoln Ave Harlingen Tx. 78552
---	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name RENE PEREZ	Office sought Dist S. Coty Commissioner.	Office held
--	--	--	-------------

Date 5-3-21	Payee name Facebook Inc
-----------------------	-----------------------------------

Amount (\$) \$ 400 <u>00</u>	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025
--	---

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

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

Date 5-11-2021	Payee name Facebook Inc
--------------------------	-----------------------------------

Amount (\$) \$ 106. <u>36</u>	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025
---	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6/6	2 FILER NAME RENE PEREZ	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	---------------------------------------

4 Date 6-11-21	5 Payee name Facebook Inc.
--------------------------	--------------------------------------

6 Amount (\$) \$ 14. <u>58</u>	7 Payee address; 1601 Willow Rd	City; Menlo Park	State; CA	Zip Code 94025
--	---	----------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description online Ads.
	(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 RENE PEREZ	Office sought -	Office held Dist. 5. City Commissioner
--	--	---------------------------	--

Date 7-12-21	Payee name Facebook Inc.
------------------------	------------------------------------

Amount (\$) \$ 26. <u>13</u>	Payee address; 1601 Willow Rd.	City; Menlo Park	State; CA	Zip Code 94025
--	--	----------------------------	---------------------	--------------------------

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

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

Date	Payee name NIA.
------	---------------------------

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

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST RENE	MI —	OFFICE USE ONLY	
	NICKNAME —	LAST PEREZ	SUFFIX —		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX. 518 CHAPOTE AVE	APT / SUITE #.	CITY. HARLINGEN TX	STATE.	ZIP CODE 78552
	Date Received				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 335-9380	EXTENSION		
	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST JACLYN	MI M.	Receipt #	
	NICKNAME JACKIE	LAST PEREZ	SUFFIX —		
Date Processed					
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). 518 CHAPOTE AVE	APT / SUITE #.	CITY. HARLINGEN	STATE. TX.	ZIP CODE 78552
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 453-1912	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 4 / 22 / 2021		THROUGH	Month Day Year 7 / 14 / 2021	
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 2021		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) District 5 City Commissioner	13 OFFICE SOUGHT (if known)			
14 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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS NIA.			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

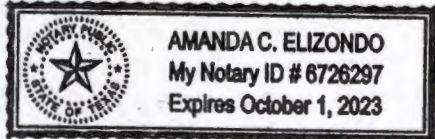
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,838.⁰²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 802.⁸⁹
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.

[Handwritten Signature]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rene Perez this the 15th day of July, 2021, to certify which, witness my hand and seal of office.
[Signature] AMANDA C. ELIZONDO
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is RENE PEREZ and my date of birth is 4-11-79.
My address is 518 CHARTE AVE, HARLINGEN, TX. 78552 USA
(street) (city) (state) (zip code) (country)
Executed in CAMERDN County, State of Tx, on the 14 day of July, 2021.
(month) (year)
[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME RENE PEREZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 1,838 ⁰²
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 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