CAND DATE / OFF CEHOLDER CAMPA GN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICE USE ONLY** OFFICEHOLDER Mrs. Lynette NAME Date Received **NICKNAME** LAST **SUFFIX** Perez ADDRESS / PO BOY: APTJ SHITE #: CITY: ZIO CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 9719 Voir Dire MAILING LAmount Date Imaged 5 CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME Mrs. Veronica **NICKNAME** LAST **SUFFIX** Ramirez 6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** 8310 Brookline, Universal City, TX 78148 (Residence or Business)

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SUPPORT & TOTALS	COVER SHEET PG 2 2 of 8
13 C / OH NAME Perez, Lynette	14 Filer ID
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 8

18 FILER NAME Perez, Lynette
20 SCHEDULE SUBTOTALS
NAME OF SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 0.00

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/8

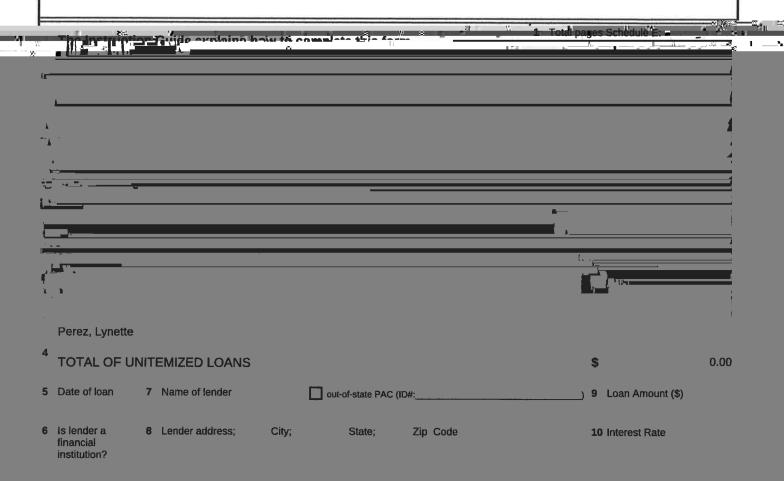
2 FILER NAME

Parage-Lygnette

3 Filer ID

16 | 183*i*i 194

LOANS SCHEDULE E



POL T CAL EXPEND TURES FROM POL TICAL CONTRIBUT ONS

\$9.00

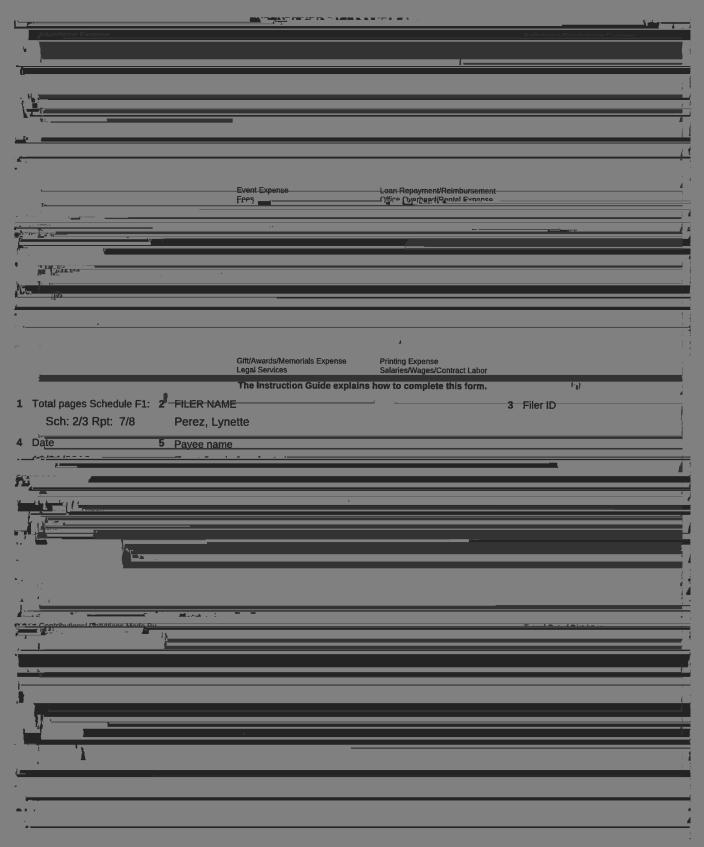
100 W. Houston St

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Candidate/Officeholder/Political Committee Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Printing Expense Check if travel outside Travel Out of District Schedule | Salaries/Wages/Connect Labor OTHER (enter a category not listed above) Gift/Awards/Memorials Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/3 Rpt: 6/8 Perez, Lynette 4 Date 5 Payee name 07/31/2019 Frost Bank Service Charge 6 Amount (\$) 7 Payee address; City; State; Zip Code

POL T CAL EXPEND TURES FRO POLIT CAL CONTR BUT ONS

SCHEDULE F1



\$9.00 100 W. Houston St

POL T CAL EXPEND TURES FRO POLITICAL CONTR BUT ONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

3 Filer ID

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME

Sch: 3/3 Rpt: 8/8

Perez, Lynette

4 Date

5 Payee name

07/16/2019

i360

6 Amount (\$)

7 Payee address;

City;

State; Zip Code

\$407.53

29374 Network Place

Chicago, IL 60673

