

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 7

13 C / OH NAME

Perez, Lynette

14 Filer ID

15 NOTICE

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

FROM

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

▲ ▲ ▲

POLITICAL _____ consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures

25th

Beth Holmes

Signature of officer administering

Beth Holmes

Printed name of officer administering

Notary

SUBTOTALS - C/OH

18 FILER NAME

Perez, Lynette

19 Filer ID

20 SCHEDULE SUBTOTALS

SUBTOTAL AMOUNT

NAME OF SCHEDULE

- 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 725.00
- 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$
- 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$
- 4. SCHEDULE E: LOANS \$
- 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 565.40

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$

1 Total pages Schedule A1:

2 FILER NAME

Perez, Lynette

3 Filer ID

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

6 Contributor address; City; State; Zip Code

7601 Gateway Blvd

Apt 311

Live Oak, TX 78233

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC

Amount of Contribution (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/7

2 FILER NAME

3 Filer ID

7/78

4 Date 5 Full name of contributor out-of-state PAC (ID#: _____) 7 Amount of Contribution (\$) \$125.00
04/22/2019 Sanchez, Mark

6 Contributor address; City; State; Zip Code
6243 IH 10 West
Ste 1025
San Antonio, TX 78201

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
Lawyer Sanchez Wilson

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of Contribution (\$) \$100.00
04/17/2019 Sherfield, Mentoria

Contributor address; City; State; Zip Code
8745 Serene Ridge Dr

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
|---------------------|---------------|------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Sch: 1/2 Rpt: 6/7 Perez, Lynette

4 Date 5 Payee name
 03/31/2019 Frost Bank Service Charge

6 Amount (\$) 7 Payee address; City; State; Zip Code
 \$8.00 100 W. Houston St

San Antonio, TX 78205

| 8 PURPOSE OF EXPENDITURE | (b) Description |
|------------------------------------|-------------------------------|
| Consulting Expense | Food/Beverage Expense |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense |
| | Polling Expense |
| | Printing Expense |
| | Travel in District |
| | Travel Out of District |

9 Complete ONLY if direct expenditure to benefit C/OH

| Candidate/Officeholder name | Office sought | Office held |
|-----------------------------|--------------------------------------|-------------|
| Date | Payee name | |
| 04/12/2019 | Stripe Transfer | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$4.65 | 185 Berry St | |
| | Ste 550 | |
| | San Francisco, CA 94107 | |

Candidate/Officeholder/Political Committee Legal Services Salary/Miscellaneous/Contract Labor OTHER (enter category not listed above)

PURPOSE OF EXPENDITURE

Administrative Fee

Complete ONLY if direct Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense

Loan Repayment/Reimbursement
Expense

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

Volunteer Labor

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID

Sch: 2/2 Rpt: 7/7 Perez, Lynette

4 Date 5 Payee name
04/22/2019 Stripe Transfer

6 Amount (\$) 7 Payee address; City; State; Zip Code
\$3.93 185 Berry St

(a) Category (See Categories listed at the top of this schedule)
Ste 550
San Francisco, CA 94107

8 PURPOSE OF EXPENDITURE (b) Description
Administrative Fee

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

Date Payee name
04/22/2019 i360

Amount (\$) Payee address; City; State; Zip Code
\$195.62 29374 Network Place

Chicago, IL 60673

PURPOSE OF EXPENDITURE

(b) Description
Check if Austin, TX, officeholder living expense
Grassroots Org

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

Date Payee name
04/22/2019 i360

Amount (\$) Payee address; City; State; Zip Code
\$350.00 29374 Network Place

(a) Category (See Categories listed at the top of this schedule)
Grassroots Org

Check if travel outside of Texas. Complete Schedule T
Check if Austin, TX, officeholder living expense

PURPOSE OF EXPENDITURE

(b) Description
Grassroots Org