

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 Filer)

2 Total pages filed
14

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX			APT / SUITE #	CITY
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	STATE ZIP CODE	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)			APT / SUITE #	CITY
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	STATE ZIP CODE	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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	THROUGH	Month Day Year
11 ELECTION	ELECTION DATE			ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)			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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<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

Dr. Erin 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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)

\$ 4,720.28

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,735.50

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,980.08

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

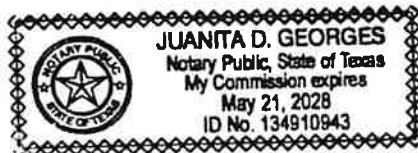
18 SIGNATURE

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 Erin Perez this the 3 day of April

20 25 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 _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME

Dr. Erin Perez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 4,720.28
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E LOANS	\$
5	<input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,735.50
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$
9	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	<input checked="" type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.02

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: 1/1
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Full name of contributor out-of-state PAC (ID# _____) Mr. Mark Cymbalist 6 Contributor address; City; State; Zip Code 7545 Old Spanish Trail Live Oak, Texas 78233	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 02/25/2025	Full name of contributor out-of-state PAC (ID# _____) Ms. Sandra Donnelly Contributor address; City; State; Zip Code 11503 Forest Deer Ct. Live Oak, Texas 78233	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/09/2025	Full name of contributor out-of-state PAC (ID# _____) Suzanne Hildebrand Contributor address; City; State; Zip Code PO BOX 79243 San Antonio, Texas 78279	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2025	Full name of contributor out-of-state PAC (ID# _____) John Trevino Contributor address; City; State; Zip Code 14006 dane park Live Oak, Texas 78233	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) NEISD
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: 217
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Full name of contributor out-of-state PAC ID# Casey Haney 6 Contributor address: City: State: Zip Code 1122 Colorado Street #120 Austin, Texas 78701	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 02/18/2025	Full name of contributor out-of-state PAC ID# Monica Alleman Contributor address: City: State: Zip Code 2304 Yvette Cove Austin, Texas 78748	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Elevance Health
Date 02/18/2025	Full name of contributor out-of-state PAC ID# Christy Blanco Contributor address: City: State: Zip Code 513 Spring Crest Drive El Paso, Texas 79912	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Integrative & Personalized Hormone Therapy
Date 02/19/2025	Full name of contributor out-of-state PAC ID# Cindy Westin Contributor address: City: State: Zip Code 1804 Inspiration Lane River Oaks, Texas 76114	Amount of contribution (\$) 263.47
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) UNTHSC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

317

3 Filer ID (Ethics Commission Filers)

out-of-state PAC ID# _____

6 Contributor address: City: State: Zip Code

7 Amount of contribution (\$)

1,052.95

9	Employer (See Instructions)
---	-----------------------------

Insight Mental Wellness PA

out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

105.58

Employer (See Instructions)

El Progreso Memorial Library

out-of-state PAC ID# _____

Contributor address; City; State; Zip Code

Amount of contribution (\$)

52.95

Employer (See Instructions)

Memorial Hermann NE

out-of-state PAC ID# _____

Contributor address: City: State: Zip Code

Amount of contribution (\$)

26.63

Employer (See Instructions)

Lowes

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: 4/7
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2025	5 Full name of contributor out-of-state PAC (ID# _____) Barbara Chapman 6 Contributor address: City: State: Zip Code 1606 Pickwick Lane Richardson, Texas 75082	7 Amount of contribution (\$) 621.37
8 Principal occupation / Job title (See Instructions) NP		9 Employer (See Instructions) UNTHSC Fort Worth
Date 02/20/2025	Full name of contributor out-of-state PAC (ID# _____) Chris Medelez Contributor address: City: State: Zip Code 602 Inspiration Drive San Antonio, Texas 78228	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) HVAC		Employer (See Instructions) M3 Air Conditioning and Heating
Date 02/21/2025	Full name of contributor out-of-state PAC (ID# _____) Deborah Tedesco Contributor address: City: State: Zip Code 1593 Arrowroot Place Oviedo, Florida 32765	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) AHMG
Date 02/22/2025	Full name of contributor out-of-state PAC (ID# _____) Kenneth Cook Contributor address: City: State: Zip Code 3442 butterleigh San Antonio, Texas 78247	Amount of contribution (\$) 26.63
Principal occupation / Job title (See Instructions) Retired		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: 5/7
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2025	5 Full name of contributor out-of-state PAC (ID# _____) Robert Pfenning 6 Contributor address; City; State; Zip Code 5619 Timber Hawk San Antonio, Texas 78250	7 Amount of contribution (\$) 52.95
8 Principal occupation / Job title (See Instructions) Chaplain		9 Employer (See Instructions) UHS
Date 03/02/2025	Full name of contributor out-of-state PAC (ID# _____) Brandon Bredimus Contributor address; City; State; Zip Code 4013 fairwood drive Midland, Texas 79707	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Midland Health
Date 03/02/2025	Full name of contributor out-of-state PAC (ID# _____) Jean Aertker Contributor address; City; State; Zip Code 646 Riveria Drive Tampa, Florida 33606	Amount of contribution (\$) 52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2025	Full name of contributor out-of-state PAC (ID# _____) Barbara Chapman Contributor address; City; State; Zip Code 1606 Pickwick Lane Richardson, Texas 75082	Amount of contribution (\$) 526.63
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) UNTHSC Fort Worth
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 6/7
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Full name of contributor Erin Cusack <small>out-of-state PAC ID#</small> 6 Contributor address 305 Haggin St San Antonio, Texas 78210 <small>City State Zip Code</small>	7 Amount of contribution (\$) 263.47
8 Principal occupation / Job title (See Instructions) GA		9 Employer (See Instructions) TNP
Date 03/18/2025	Full name of contributor Joyce Batcheller <small>out-of-state PAC ID#</small> Contributor address 10600 SkyFlower Drive Austin, Texas 78759 <small>City State Zip Code</small>	Amount of contribution (\$) 105.58
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self Employed
Date 03/19/2025	Full name of contributor Christy Blanco <small>out-of-state PAC ID#</small> Contributor address 513 Spring Crest Drive El Paso, Texas 79912 <small>City State Zip Code</small>	Amount of contribution (\$) 105.90
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Self Employed
Date 04/03/2025	Full name of contributor Linebarger Goggan Blair and Sampson, LLC <small>out-of-state PAC ID#</small> Contributor address POBox 17428 Austin, Texas 78760 <small>City State Zip Code</small>	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney's at Law		Employer (See Instructions) Linebarger Goggan Blair and Sampson, LLC
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 <u>Schedule A1</u> 7/7
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2025	5 Full name of contributor Amy Huff <small>out-of-state PAC ID# _____</small> 6 Contributor address 7361 Flat Rock Lane Tyler, Texas 75703 <small>City State Zip Code</small>	7 Amount of contribution (\$) 105.58
8 Principal occupation / Job title (See Instructions) NP		9 Employer (See Instructions) UT Tyler
Date	Full name of contributor <small>out-of-state PAC ID# _____</small> Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC ID# _____</small> Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC ID# _____</small> Contributor address, City, State, Zip Code	Amount of contribution (\$)
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.		

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: 113		2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2025		5 Payee name Texas Nurse Practitioners Foundation			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 4425 S. Mopac Expy Bldg 3, Suite #405, Austin, Texas 78735			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description sponsorship/advertising		
	(c) Check if travel outside of Texas. Complete Schedule T. 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					
Date 04/02/2025		Payee name Prestige Printing, LLC			
Amount (\$) 358.31		Payee address; City; State; Zip Code 8 Burwood Lane, San Antonio, Texas 78216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description		
	Check if travel outside of Texas. Complete Schedule T. 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 04/02/2025		Payee name DonateWay			
Amount (\$) 209.71		Payee address; City; State; Zip Code PO Box 30126, Austin, Texas, 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description online campaign fees		
	Check if travel outside of Texas. Complete Schedule T. 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1 2/3		2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 03/31/2025		5 Payee name Bexar County Elections			
6 Amount (\$) 60.00		7 Payee address; City; State; Zip Code 1103 South Frio Street #200, San Antonio, Texas 78207			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description voter lists		
	(c) Check if travel outside of Texas, Complete Schedule T. 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					
Date 03/07/2025		Payee name Jeffrey Truitt Photography			
Amount (\$) 300.00		Payee address; City; State; Zip Code 110 East Houston St, 7th floor #144, San Antonio, Texas 78205			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description photography		
	Check if travel outside of Texas, Complete Schedule T. 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 03/17/2025		Payee name JVC Media			
Amount (\$) 1,615.09		Payee address; City; State; Zip Code 6856 Alamo Downs Pkwy, San Antonio, Texas 78238			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description signs, yard signs, shirts		
	Check if travel outside of Texas, Complete Schedule T. 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/3		2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 04/01/2025		5 Payee name Google			
6 Amount (\$) 15.35		7 Payee address: City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description email, domain, workspace team		
	(c) Check if travel outside of Texas, Complete Schedule T. 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	
Date 03/31/2025		Payee name Microsoft			
Amount (\$) 10.81		Payee address: City: State: Zip Code Microsoft Corporation One Microsoft Way, Redmond, WA 98052			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description office 365		
	Check if travel outside of Texas, Complete Schedule T. 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 03/27/2025		Payee name Google			
Amount (\$) 16.23		Payee address: City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description email, domain, workspace team		
	Check if travel outside of Texas, Complete Schedule T. 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

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: 1
2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2025	5 Name of person from whom amount is received Erin Perez Campaign	
	6 Address of person from whom amount is received City State Zip Code 14006 dane park Live Oak, Texas 78233	
	8 Amount (\$) 0.02	
7 Purpose for which amount is received Check if political contribution returned to filer checking interest		
Date	Name of person from whom amount is received	
	Address of person from whom amount is received City State Zip Code	
	Amount (\$)	
Purpose for which amount is received Check if political contribution returned to filer		
Date	Name of person from whom amount is received	
	Address of person from whom amount is received City State Zip Code	
	Amount (\$)	
Purpose for which amount is received Check if political contribution returned to filer		
Date	Name of person from whom amount is received	
	Address of person from whom amount is received City State Zip Code	
	Amount (\$)	
Purpose for which amount is received Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Binding Construction / Installation Proposal**LCRA and City of Live Oak**

This Binding Construction / Installation Proposal (this "Proposal") is issued under and subject to that certain Interlocal Cooperation Act Agreement for Mobile Radio Services and Equipment between the Parties listed above (the "Interlocal Agreement"). This Proposal is further subject to the Terms and Conditions attached hereto.

In the event of any conflict or inconsistency between the terms and provisions of this Proposal and the terms and provisions of the Interlocal Agreement, with respect to the Project identified below only, the terms and provisions of this Proposal shall control.

CUSTOMER:
City of Live Oak
8022 Shin Oak Dr.
Live Oak, Texas 78233

PROJECT: Water Tower Microwave, Dispatch Router Upgrade & MPLS Transport for Astound Fiber

DATE SUBMITTED: March 11, 2025

SERVICES:

LCRA proposes the communications improvements to replace and decommission the obsolete unlicensed microwave hop and remove the leased T1 circuit at the Live Oak Water Tower, as further described in Attachments A and B attached hereto.

SCHEDULE:

Begins: The work can begin any time after this Proposal is signed.

Completion: This Proposal will end on September 30, 2025, or when all services contemplated hereunder have been successfully completed, or this Proposal has been terminated.

PRICE and Payment Terms:

Total Non-Recurring Cost: \$171,045.00

Payment Terms for Non-Recurring Cost: 50% upon signature, 50% upon completion of the Services.

Billing Method: Invoice

Customer and the Lower Colorado River Authority agree that the work described above shall be performed in accordance with the terms and conditions in this Proposal.

City of Live Oak

By:



Title:

City Manager

Date:

March 26, 2025



Lower Colorado River Authority

By:

Erik Andersen

Erik Andersen (Apr 2, 2025 07:47 CDT)

Title:

VP, Telecom Business Development

Date: Apr 2, 2025