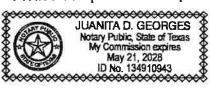
CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Erin Dr. NAME NICKNAME LAST Perez ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: OFFICEHOLDER 8235 Agora Parkway Suite 111 MAILING Box #326 **ADDRESS** Selma, Texas 78154 Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ OFFICEHOLDER e-malle 1-14-2025 (210)343-2175 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Erin Date Processed NAME 1-14-2025 SUFFIX LAST NICKNAME Date Imaged Perez STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 7 CAMPAIGN 8235 Agora Parkway Suite 111 TREASURER Box #326 **ADDRESS** Selma, Texas 78154 (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 343-2175 (210 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Dav Month Year COVERED 12 / 31 / 24 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Other Day Year Month Description Special 23 6 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Live Oak City Council Place 3 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDAT CAMPAIG	COVE	OVER SHEET PG 2	
15 C/OH NAME Perez, Erin		16 Filer ID	(Ethics Commission Filers)
7 CONTRIBUTION 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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	317.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		44.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. Signature of Da	ndidate or C	

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL Sworn to and subscribed befo 20, to certify whice	re me by) ce.	thi	s the <u>1</u> 4	day of 1	anuum.
Signature of officer administering of	path Printed name	of officer administeri	ng oath		Title of office	er administering oath
1 7 2 2 3 3 1		OR				
(2) Unsworn Declaration						
My name is		ar	nd my date of b	irth is		
My address is				<u> </u>		1=11,000
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	20(year)	<u>-</u> -
		-	Signature of	Candidate/Of	ficeholder (Dec	elarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ez, Erin	20 Filer ID (Ethics Co	mmission	Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE	r .		JBTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6. 4	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		\$	317.70
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	
	The state of the s			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

			The second secon		
	EXPENDITURE CATEGOR	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic Credit Card Payment	Event Expense	Repayment/Reimbursement to Overhead/Rental Expense ing Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Dr. Erin Perez		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		1		
12/01/2024	Google LLC				
6 Amount (\$) 113.70 Reimbursement from political contributions intended	7 Payee address: 1600 Amphitheatre Pkwy Mountain View, CA 94043	City;	State; Zip Code		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule Advertisement Expense	(b) Description email account and web domain			
EXPENDITURE	(c) Check if Iravel outside of Texas. Complete Schedule	Sheck if travel guistide 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	Office sought	Office held		
Date 07/25/2024	Payee name The USPS Store 4373				
Amount (\$) 204.00 Reimbursement from political contributions intended	Payee address: 8235 Agora Pkwy Suite 111 Selma, Texas 78154	City;	State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedul other	Description mailbox			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Атоипт (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu				
EAFLINDITUILE	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, afficeholder living expense		
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					