CANDIDATE / OFFICEHOLDER

P.O. Box 12070

FORM C/OH

CAMPAIGI	Y FINANCE REPORT		COVER SHEET PG 1	
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Albert LAST PECEZ	SUFFIX	OFFICE USE ONLY Date Received A 60 1 29 PM 99	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;	state; zipcode 78572	Date Hand-delivered or Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ()	EXTENSION X	Receipt # Amount Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME LAST LAST	SUFFIX	Date imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	zip code TV 78572	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (966 566-8623	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / I'H	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	S BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE IDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	***************************************		
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ ()	
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$ 0		
	4. TOTAL	L POLITICAL EXPENDITURES \$ 1,248.00		\$1,348.00	
CONTRIBUTION BALANCE	10010	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD		\$ 0	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD		\$ 6	
18 AFFIDAVIT	100 1 100 100 100 100 100 100 100 100 1				
STATE OF THE	SEA NATALIA B NOTARY F STATE OF MY COMM. E	is true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and me under Title 15, Electrical transfer of the true and correct and transfer of transf	includes all inform	y, that the accompanying report nation required to be reported by or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Abert Porez, this the day of, 20, 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					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8 (a Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/28/14	5 Payee name to hicker	WW)		
6 Amount (\$)	7 Payee address; City; State; Zip Co	1 Missi	on tx 78572	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	e) (b) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	I Melin Distric	Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held	
Date 10/28/14	Payee name Antemio G	mez		
Amount (\$)	Payee address; City; State; Zip Co	ode		
230,00				
PURPOSE OF	Category (See categories listed at the top of this schedul	e) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	HUVENTISEMENT	Check if A	sustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ot Office held	
Date 3/14 Amount (\$)	Payee name R. Common	nication		
1056,00				
PURPOSE	Category (See categories listed at the top of this schedul	le) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Holvertisement	Check if A	Austin, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sough	nt Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
PURPOSE OF	Category (See categories listed at the top of this schedu	lle) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE			Austin, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sough	nt Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	Albert A Perez	2 ACCOUNT # (Ethics Commission Filers)			
3	SIGNATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of Candidate / Officeholder				
9,		ER WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••				
	Α.	CAMPAIGN FUNDS				
	Chec	k only one:				
	X	I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	om political contributions to personal			
5		CEHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		\mathcal{X}				
		S	ignature of Officeholder			