

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 Filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

10-21-2020

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

1637 S. Adams St
Ft Worth, TX 76104

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

10-21-2020

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Date Processed

10-21-2020

Date Imaged

10-21-2020

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4929 College Ave

Ft Worth, TX 76104

Month Day Year

06/20/2020

ELECTION DATE

ELECTION TYPE

Month

Day

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

TREASURER
PHONE

(817) 716-7426

13 OFFICE SOUGHT (if known)

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

15th day after campaign
treasurer appointment

CANDIDATE / OFFICEHOLDER
CA --- G F A CE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

[illegible]

COMMITTEE CAMPAIGN TREASURER ADDRESS

[illegible]

COMMITTEE(S) KNOWLEDGE OR CONSENT: CANDIDATES AND OFFICIALS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$ 6500

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 3500

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

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

1

Ashley E. Perez

☐ Self-employed

Perez

\$5,000.00

City:

1637 S. Adams, Fort Worth, TX 76104

Ø

State, Zip Code

5 Date of loan

7 Name of lender

9 Loan Amount (\$)

Eric

10 Interest rate

5

(N)

☒

Institution?

Y (N)

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F2: 2 FILE

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

\$

5 Date

6 Payee name

7 Amount (\$)

8 Payee address;

City;

State;

Zip Code

9 TYPE OF
EXPENDITURE



Political

Non-Political

10

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

(b) Description

PURPOSE
OF
EXPENDITURE

Consulting

Strategy Contract

11 Complete ONLY if direct



Check if travel outside of Texas. Complete Schedule T.



Check if Article 17, Section 17b, Texas Constitution applies.

Date

Payee name

Amount (\$)

Payee address;

City;

State;

Zip Code

TYPE OF
EXPENDITURE



Political



Non-Political

Description

PURPOSE
OF
EXPENDITURE

Complete ONLY if direct

Candidate / Officeholder name

Office number

Office phone