


# 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	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Lynette	MI
	NICKNAME	LAST Perez	SUFFIX
OFFICE USE ONLY			Date Received 
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 9719 Voir Dire  Converse, TX 78109		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Veronica	MI
	NICKNAME	LAST Ramirez	SUFFIX
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  8310 Brookline, Universal City, TX 78148		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month    Day    Year 01/01/2019	THROUGH	Month    Day    Year 03/25/2019
10 ELECTION	ELECTION DATE Month    Day    Year 05/04/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) School Board Place At Large 7 District Judson ISD	

GO TO PAGE 2

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

**FORM C/OH  
COVER SHEET PG 2**  
2 of 13

**13 C / OH NAME** Perez, Lynette **14 Filer ID**

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	535.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	2,744.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	235.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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.

*Lynette Boggs Perez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lynette Boggs Perez, this the 4<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*Betty Holmes*  
Signature of officer administering

Betty Holmes  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Perez, Lynette		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 535.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 299.09
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,445.06
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
<b>2</b> FILER NAME Perez, Lynette		<b>3</b> Filer ID
<b>4</b> Date 02/02/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Chelsea	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code 7 Overbrook Dr  Kirksville, MO 63501-2771		
<b>8</b> Principal occupation / Job title (See Instructions) Pastor		<b>9</b> Employer (See Instructions) Self Employed
Date 02/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Chelsea	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code 7 Overbrook Dr  Kirksville, MO 63501-2771		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Self Employed
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boggs, Dallas	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 877 E. Park St #206  Eugene, OR 97401		
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Homes Direct
Date 02/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Herb	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 470 Wilson Loop  Ward, AR 72176-9579		
Principal occupation / Job title (See Instructions) Control Systems Engineer		Employer (See Instructions) Self Employed
Date 02/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Nina	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code 9638 Anderson Way  Converse, TX 78109-1929		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
<b>2</b> FILER NAME Perez, Lynette		<b>3</b> Filer ID
<b>4</b> Date 02/01/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, James	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code 1842 Celtic Road  Tallahassee, FL 32317-1459	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) NA
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deegan, Kathleen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 141 Brent Circle  Oldsmar, FL 34677-3342	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) IBM Watson Health
Date 01/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckman, Victoria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 5603 Gallop Ct  Midland, TX 79705-2233	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Aaron E Eckman
Date 02/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez de Vara, Art	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 7319 VON ORMY  VON ORMY, TX 78073	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez de Vara Law Firm
Date 02/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mims, Jason	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1614 Lone Oak St  San Antonio, TX 78220-4224	
Principal occupation / Job title (See Instructions) US Army Retired		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
<b>2</b> FILER NAME Perez, Lynette		<b>3</b> Filer ID
<b>4</b> Date 02/16/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vellanti, Valeri	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 6181 Kingsley Lake Dr.  Starke, FL 32091-9730		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) NA
Date 02/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westley, T	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 15826 turfway Park  Selma, TX 78154-3848		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 7/13	<b>2</b> FILER NAME Perez, Lynette	<b>3</b> Filer ID
<b>4</b> Date 01/29/2019	<b>5</b> Payee name Stripe Transfer	
<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2019	Payee name Stripe Transfer	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2019	Payee name Stripe Transfer	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 8/13		<b>2</b> FILER NAME Perez, Lynette		<b>3</b> Filer ID	
<b>4</b> Date 02/01/2019		<b>5</b> Payee name Stripe Transfer			
<b>6</b> Amount (\$) \$0.88		<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/01/2019		Payee name Stripe Transfer			
Amount (\$) \$1.03		Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/02/2019		Payee name Stripe Transfer			
Amount (\$) \$1.03		Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 9/13	<b>2</b> FILER NAME Perez, Lynette	<b>3</b> Filer ID
<b>4</b> Date 02/02/2019	<b>5</b> Payee name Stripe Transfer	
<b>6</b> Amount (\$) \$1.18	<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2019	Payee name Stripe Transfer	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2019	Payee name Stripe Transfer	
Amount (\$) \$0.88	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
Complete ONLY if direct expenditure to benefit C/OH	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  
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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 10/13	<b>2</b> FILER NAME Perez, Lynette	<b>3</b> Filer ID
<b>4</b> Date 02/16/2019	<b>5</b> Payee name Stripe Transfer	
<b>6</b> Amount (\$) \$3.20	<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/28/2019	Payee name Stripe Transfer	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/01/2019	Payee name Stripe Transfer	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 185 Berry St Ste 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 11/13	<b>2</b> FILER NAME Perez, Lynette	<b>3</b> Filer ID
<b>4</b> Date 02/25/2019	<b>5</b> Payee name VistaPrint.com	
<b>6</b> Amount (\$) \$279.65	<b>7</b> Payee address; City; State; Zip Code 95 Hayden Ave  Lexington, MA 02421	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 12/13	<b>2</b> FILER NAME Perez, Lynette	<b>3</b> Filer ID
<b>4</b> Date 03/04/2019	<b>5</b> Payee name 3-D Screen Printing	
<b>6</b> Amount (\$) \$1,299.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 8015 W 2nd St  Somerset, TX 78069	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/25/2019	Payee name Campaign Partner Harvard MA	
Amount (\$) \$49.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 207 Still River Rd  Harvard, MA 01451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/03/2019	Payee name Floyd, Raleigh	
Amount (\$) \$180.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7310 Caddington Dr  Converse, TX 78109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  T Shirt Deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 13/13		<b>2</b> FILER NAME Perez, Lynette		<b>3</b> Filer ID	
<b>4</b> Date 03/13/2019		<b>5</b> Payee name Floyd, Raleigh			
<b>6</b> Amount (\$) \$180.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 7310 Caddington Dr  Converse, TX 78109			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T Shirt Deposit	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/14/2019		Payee name Redrock Strategies			
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9500 W Flamingo Rd Ste 203 Las Vegas, NV 89147			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/03/2019		Payee name VistaPrint.com			
Amount (\$) \$237.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 95 Hayden Ave  Lexington, MA 02421			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	