Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 A 8:54

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman FIRST: Bobby MI:

NICKNAME: LAST: Perez SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 5344 APT / SUITE #: CITY: San Antonio STATE: TX ZIP CODE: 78201

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Kevin MI: S

NICKNAME: LAST: Messenger SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3481 Fredricksburg Rd APT / SUITE #: CITY: San Antonio STATE: TX ZIP CODE: 78201

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 938.4945 EXTENSION:

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 4 / 5 / 01 THROUGH Month Day Year: 6 / 30 / 01

10 ELECTION

ELECTION DATE Month Day Year: N/A / /

ELECTION TYPE: ☐ Primary ☐ Runoff N/A ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council Dist 1

12 OFFICE SOUGHT (if known): N/A

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code: N/A

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: NA

COMMITTEE ADDRESS: NA

COMMITTEE CAMPAIGN TREASURER NAME: NA

COMMITTEE CAMPAIGN TREASURER ADDRESS: NA

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ NA
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 24285
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ NA
	4. **TOTAL POLITICAL EXPENDITURES**	$ 24470.61
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ NA

19 AFFIDAVIT

BEVERLY A. ZWEIFEL
MY COMMISSION EXPIRES
October 03, 2004

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rubert J. Perez, this the 13th day of July, 20 01, to certify which, witness my hand and seal of office.

Beverly Zweifel	Beverly Zweifel	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 16 A 8:54

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 12

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/6/01	G Hasslocher 8520 Crownhill Blvd San Antonio, TX 78209	$2500	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/6/01	Esther DeLeon 715 Westwood San Antonio, TX 78212	$50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/01	Michael M C Bowan 148 Terrell Rd San Antonio, TX 78209	$100.-	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/01	Byron Trott 148 Terrell Rd San Antonio, TX 78209	$300.-	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/01	Joe Campian 802 S St. Marys St San Antonio, TX 78205	$50.00	
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 12

2 FILER NAME: Bobby Perez

CITY OF SAN ANTONIO CITY CLERK 2001 APR 16 A 8:54

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/25/01	Pablo Trizarry 2301 Fresno San Antonio, TX 78201	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/01	Fred Chavez 1807 San Pedro Ave San Antonio TX 78212	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/01	J.P. Zachary 310 S. St Marys St San Antonio, TX 78205	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/01	San Antonio Firefighters PAC 735 W. Magnolia San Antonio, TX 78212	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/20/01	I.B.E.W. PAC 1125 15th St. N.W. Washington DC	1000.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

CITY CLERK RECEIVED SAN ANTONIO 2001 JUL 16 A 8:55

1 Total pages this Schedule A1: 5 of 12

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/01	San Antonio Realtors PAC 9110 IH 10 W San Antonio, TX 78230	750.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/01	Irene Rangel 2301 Fresno St San Antonio, TX 78201	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/26/01	J.A. Lamadrez Karate 1575 Bandera Rd San Antonio TX 78228	150.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/01	Manuel Escobar 201 W. Poplar San Antonio, TX 78212	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/27/01	John Agather 300 W. French Pl San Antonio, TX 78212	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6 of 12

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 15 A 8:55

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/25/01	Neal Hildebrandt 6 Contributor address; City; State; Zip Code 1070 Eagles Landing Blvd Oak Point TX 75068	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	James Lifshutz Contributor address; City; State; Zip Code 215 W. Travis San Antonio, TX 78205	$1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/01	Bernard Lifshutz Contributor address; City; State; Zip Code 215 W Travis San Antonio, TX 78205	$1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/01	Paul Davila Contributor address; City; State; Zip Code 457 Mary Louise San Antonio, TX 78201	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/01	David Kelly Contributor address; City; State; Zip Code 5485 Beltline Dallas, TX 75240	100.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 7 of 12

2 FILER NAME: ~~Printice Gary~~ Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUN 8 AM 8:55

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/25/01	Printice Gary 16304 Ranchita Dr. Dallas, TX 75248	200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/01	Soules & Wallace 100 W. Houston San Antonio, TX 78201	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/01	3DI PAC 1900 West Loop So. #600 Houston, TX 77027	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25	John Convery 235 E. Linwell Pl San Antonio, TX 78212	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/26/01	Anne Lopez 822 W. Mulberry Ave San Antonio, TX 78212	35.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 8 of 12

2 FILER NAME: Bobby Perez

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 A 8:55

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/01	Phillip Burnworth 24 Galleria Dr. San Antonio, TX 78257	50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/01	Norma Jean Wilke 518 W Grayson San Antonio, TX 78212	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/01	AFL-CIO 1625 L St. N.W. Washington D.C. 20036	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/3/01	Ruben Cortez 336 E Quill San Antonio, TX 78228	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/01	David Cortez 218 Produce Row San Antonio, TX 78207	1000.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 8 of 12

2 FILER NAME: Bobby Perez

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 A 8:55

3 ACCOUNT # (Ethics Commission filers): 10

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/01	Angela Garcia 2731 W. Mistletoe San Antonio, TX 78228	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/6/01	George Cortez 3118 Goldsboro San Antonio, TX 78230	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/28/01	Ultramar Diamond Shamrock PO Box 696000 San Antonio, TX 78269	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/01	Sandra Bliss 122 Redwood San Antonio, TX 78213	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/8/01	Alfonso Chiscano 15243 Pebble Cove San Antonio, TX 78232	100.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 10 of 12

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 15 A 8:55

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/01	Brenda Vickery Johnson 13055 N. Hunters Cir San Antonio, TX 78230	250.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	Edwardo Barrera 331 W Commerce #200 San Antonio, TX 78205	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/4/01	Frank Sepulveda 211 Mecca Dr San Antonio, TX 78232	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/01	Daniel Markson 2421 Lake Pancoast Dr Miami Beach FLA	200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/01	Elliot Stone 13155 Keystone Terrace North Miami FLA	200.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11 of 11

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 15 A 8:53

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/4/01	Jimmy Jimenez 4026 Glen Rock San Antonio, TX 78240	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/01	Darren Casey 200 Concord Plaza San Antonio, TX 78216	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/01	Grande Communications - PAC 401 Carlson Circle San Marcos 78666	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/4/01	Joe McKinney 6110 Yorkshire Spring Branch TX	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/7/01	James Bastoni 106 Ottawa Run San Antonio, TX 78231	5000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 16 A 8:55

1 Total pages this Schedule A1: 12 of 12

2 FILER NAME: Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/00	Jim Greenwood / VALPAC	1 Valero Pl San Antonio, TX 78212	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 16 A 8:55

1 Total pages Schedule F: 1 of 9

2 FILER NAME: Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/26/01	Message Auditorium & Presentation Austin, TX	$7500

8 Purpose of payment (See instructions regarding type of information required.): Services Rendered

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/26/01	Ed Garza Campaign Broadway San Antonio, TX 78201	$1000.00

Purpose of payment (See instructions regarding type of information required.): Contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/26/01	Tom Daniels St Mary's St San Antonio, TX 78205	$2500

Purpose of payment (See instructions regarding type of information required.): Services Rendered

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/26/01	U.S. Post Master Vance Jackson 78201	1584.55

Purpose of payment (See instructions regarding type of information required.): Postage

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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2001 JUL 16 A 8:55

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1 Total pages Schedule F: 9

2 FILER NAME: Bobby Rios

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/27/01	US Post Master Vance Jackson San Antonio, TX 78201	78.90

8 Purpose of payment (See instructions regarding type of information required.): Postage

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/30/01	Justin Martinez 2826 Vance Jackson San Antonio TX 78212	750.00

Purpose of payment (See instructions regarding type of information required.): Services (web site)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/30/01	Juan Melchor 2826 Vance Jackson San Antonio TX	250.00

Purpose of payment (See instructions regarding type of information required.): Services

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/01/01	Robert Garza 3027 Navajo San Antonio, TX 78211	500.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/2/01	US Post Master Vance Jackson San Antonio, TX 78201	1568.07

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Postage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/5/01	Cypress Grill 101 San Pedro Ave San Antonio TX 78212	320.26

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Food	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/5/01	Jamaican Jerk BBQ 410 Magnolia San Antonio, TX 78212	393.34

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Food	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/7/01	Emelina Alumni San Antonio, TX 78201	250.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/9/01	Message Audiences & Presentation Austin, TX	2410.00

8 Purpose of payment (See instructions regarding type of information required.): Services Rendered

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/8/01	Sprint 255 E. Basse San Antonio, TX 78209	179.91

Purpose of payment (See instructions regarding type of information required.): Phone

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/8/01	Tom Daniels St Marys St San Antonio, TX 78205	916.40

Purpose of payment (See instructions regarding type of information required.): Services Rendered

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/10/01	Melissa Coulter 2826 Vance Jackson ~~Seattle~~ San Antonio, TX	89.98

Purpose of payment (See instructions regarding type of information required.): Services

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 9

2 FILER NAME: Robby Rey

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/11/01	El Buen Pastor 100 La Trinidad Specos San Antonio TX 78205	300.00

8 Purpose of payment (See instructions regarding type of information required.): Donation

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/15/01	Fabian Rodriguez San Antonio, TX 78216	1000.00

Purpose of payment (See instructions regarding type of information required.): Services

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/16/01	Ruben Munoz Scholarship Fund San Antonio, TX 78205	250.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19	Continental Store Basse Rd San Antonio TX	37.49

Purpose of payment (See instructions regarding type of information required.): Supplies

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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2001 JUL 16 A 8:56

1 Total pages Schedule F: 6 of 9

2 FILER NAME: Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/19/01	Albertsons St Mary's St San Antonio TX 78212	25.25

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Fuel	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/5/01	Exxon San Pedro San Antonio, TX 78212	33.23

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/5/01	Omnisky	33.84

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
Phone	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/19/01	Albertsons ~~Fuel~~ St Mary's St San Antonio TX 78212	29.29

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 2 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/6/01	Mobile Mini San Antonio TX 78212	121 22

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Storage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/7/01	Tejanos for Children San Antonio, TX	500 00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
donation	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/10/01	City of San Antonio Main Plaza San Antonio, TX 78205	16 15

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Long Distance ~~Pay~~ fees	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/01	Comp USA Basse Rd San Antonio TX	485 43

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Equipment	

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of 9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/21/01	Al Rendon San Antonio, TX 78212	226.54

8 Purpose of payment (See instructions regarding type of information required.): photos

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/21/01	Prime Time San Antonio, TX	208.45

Purpose of payment (See instructions regarding type of information required.): Advertising

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/22/01	True Flavors San Antonio, TX	262.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/29/01	Kinkos Broadway San Antonio, TX	469.00

Purpose of payment (See instructions regarding type of information required.): Printing

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 9/9

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/24/01	HEB Grocery Co. Olmos Dr. San Antonio TX	99 76

8 Purpose of payment (See instructions regarding type of information required.): Comp. Office Expense

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/24/01	Party Creations Magnolia San Antonio TX 78212	80 91

Purpose of payment (See instructions regarding type of information required.): Flowers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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