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

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: J

NICKNAME LAST: Perez SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 5344

San Antonio, TX 78201

5 CAMPAIGN TREASURER NAME

TITLE FIRST: Kevin MI

NICKNAME LAST: Messenger SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3481 Fredricksburg Rd.

San Antonio, TX 78201

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7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 938-4945

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 / 4 / 01 THROUGH Month Day Year: 4 / 26 / 01

10 ELECTION

ELECTION DATE Month Day Year: 5 / 5 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☑ Special

11 OFFICE

OFFICE HELD (if any): City Council Dist. 1

12 OFFICE SOUGHT (if known): City Council Dist 1

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

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

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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	$ —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,085.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 20049.06
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

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19 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.

Signature of Candidate or Officeholder

NORMA S. RODRIGUEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES FEB. 28, 2005

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bobby Perez, this the 26th day of April, 2001, to certify which, witness my hand and seal of office.

Norma S. Rodriguez — Signature of officer administering oath

Norma S. Rodriguez — Printed name of officer administering oath

Notary Public — Title of officer administering oath

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: 1 of 8

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)
4/4/01	Richard Evans 315 Terrell Rd San Antonio, TX 78209	$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)
4/4/01	Paul J. Oliver 315 Terrell Rd. San Antonio, TX 78209	$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)
4/4/01	T. C. Frost P. O. Box 1600 San Antonio, TX 78296	$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)
4/4/01	Rick Reyna 10101 Reunion Pl # 1000 San Antonio, TX 78216	$500	

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)
4/4/01	J. Russell Davis 7710 Jones Maltsberger San Antonio, TX 78216	$250.00	

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: 2 of 6

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)
4/11/01	David Beck 724 N St Mary's San Antonio, TX 78205	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)
4/11/01	Pat Frost 604 Gainety Rd San Antonio, TX 78209	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)
4/11/01	Tim Tuggey 604 Evans Rd. San Antonio, TX 78209	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)
4/11/01	Clovis Carson 1138 E. Commerce San Antonio, TX 78205	25.00	

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)
4/11/01	Rick Sheldon 4606 Green Oak Dr ~~San Antonio, TX~~ Waco, TX 76710	500.00	

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: 3 of 8

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)
4/11/01	S.A. Apartment Association 4204 Gardendale San Antonio, TX 78229	$1000.00 ~~500.00~~	

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)
4/11/01	Carlos Resendez 4835 E. Beverly Dr San Antonio, TX 78229	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)
4/11/01	Roger Campos 16507 Inwood Dr San Antonio, TX 78248	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)
4/11/01	Dennis Behreas 142 E. Elsmere 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)
4/11/01	Peter Holt HC4 Box 620 Blanco, TX 78606	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.

1 Total pages this Schedule A1: 4 of 8

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)
4/11/01	Rosalinda Flores 117 Weymouth San Antonio, TX 78212	$30.00	

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)
4/11/01	Natalie Reterson 34 Breeden Ave San Antonio TX 78212	$75.00	

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)
4/11/01	Gabino Torres 2201 San Pedro San Antonio, TX 78212	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)
4/11/01	Hector Cardenas 539 W. Elsmere Pl San Antonio, TX 78212	25.00	

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)
4/11/01	Frank Espinoza 738 W French San Antonio, TX 78212	30.00	

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: 5 of 8

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)
4/18/01	Valentine Aguilar 424 Westwood Dr. San Antonio, TX 78212	50.00	

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

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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	Jack Stein 323 Boxoak San Antonio, TX 78230	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)
4/18/01	Brian Weiner PO Box 7608 San Antonio, TX 78207	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)
4/18/01	William Salomon 2 Inwood Knoll San Antonio, TX 78248	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)
4/18/01	Barclay Anthony 131 Palo Duro 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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6 of 8

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)
4/19/01	Thomas Roemacher 14007 Bluff Manor Dr San Antonio, TX 78216	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)
4/19/01	Jeffrey Sailer 2223 Encino Loop San Antonio, TX 78259	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)
4/19/01	Laurie Leach 1130 Santa Clara Loop Marion, TX 78124	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)
4/19/01	Karen Vasquez 300 Concord Dr San Antonio 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)
4/19/01	Phillip Pagnal 216 Lamont Ave San Antonio, TX 78209	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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7 of 8

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)
4/12/01	CEC of Texas 400 W 15th St #820 Austin, TX 78701	500.00	

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	Turner, Collie & Braden PO Box 130089 Houston TX 77219	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)
4/6/01	CIAN-PAC 1500 City West Blvd 10th floor Houston, TX 77042	210.00	

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)
4/12/01	Brad Davis 11434 Whisper Dawn San Antonio, TX 78230	180.00	

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)
4/2/01	Jesse S. Cavazuchias 204 Shadowar San Antonio, TX 78213	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: 8 of 8

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)
4/12/01	Don Durden 411 FM 473 Comfort TX 78013	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)
4/16/01	Phillip King 4643 Green Willow Wo San Antonio, TX 78249	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)
4/4/01	Charles Drash 15322 Pebble Dew San Antonio, TX 78232	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)
4/4/01	Ernest Maestas 5923 Oak Country Way San Antonio, TX 78247	60.00	

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)
	Raba Kistner PAC P.O. Box 690287 San Antonio, TX 78269	320.00	

Principal occupation (Optional): Employer (Optional):

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 1

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/4/01	La Trinidad 311 S. Pecos La Trinidad San Antonio, TX 78205	50.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/4/01	Thomas Aguilar 535 W. Magnolia San Antonio TX 78212	48.00

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
Services Rendered	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/01	Churchill Booster Club Blanco Rd San Antonio TX 78216	200.00

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
Sponsorship fees	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/13/01	Waste Management of TX 4730 SE Loop 410 San Antonio, TX 78222	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
Sponsorship fees for Fundraiser	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of

2 FILER NAME Bobby Peavy

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/01	Message Audience Presentation 2400 S. 4th St Austin, TX 78704	$ 7200.00

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 ($)
4/19/01	Melissa Coulter 2233 Vance Jackson San Antonio, TX 78212	

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

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/19/01	United States Post Office Vance Jackson Rd San Antonio, TX 78201	807.93

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 ($)
4/21/0	San Antonio Post San Antonio, TX	300.00

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/21/01	Sami Burgers 6 Grayson St San Antonio, TX 78212	22.53

8 Purpose of payment (See instructions regarding type of information required.): Food for workers

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 ($)
4/21/01	Mail Box Etc 708 McCullough San Antonio, TX 78212	32.30

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/21/01	Albertson's 2221 N. St. Mary's San Antonio, TX 78212	25.38

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

•• 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 ($)
4/21/01	Balloon Expressions Cypress San Antonio, TX 78205	105.54

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of F

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/28/01	Exxon 1108 ~~Cyp~~ San Pedro San Antonio, TX 78212	24.44

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

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

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Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/13/01	Sonns Burgers Grayson St San Antonio, TX 78212	63.32

Purpose of payment (See instructions regarding type of information required.): Food for workers

•• 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 ($)
4/11/01	Taco Cabana 985 Broadway San Antonio, TX 78205	20.95

Purpose of payment (See instructions regarding type of information required.): Lunch w/ Staff ~~Food~~

•• 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 ($)
4/17/01	Home Depot Sunset San Antonio, TX 78209	260.49

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/21/01	Southwestern Bell San Antonio, TX	150.00

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

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 ($)
4/7/01	Sam Burgers Grayson St San Antonio, TX 78212	51.[illegible]

Purpose of payment (See instructions regarding type of information required.): Food for Staff

•• 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 ($)
4/14/01	Albertsons 2221 St. Mary's San Antonio, TX 78212	22.54

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/01	Kinkos 8222 Broadway San Antonio, TX	483.82

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/19/01	Kinkos San Antonio, TK	1303.66

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

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 ($)
4/23	Kathys Stamps San Antonio, TX 782	10

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

•• 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 ($)
4/23	Kinkos 8227 Broadway San Antonio, TX 78209	749.08

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

•• 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 ($)
4/23	EXXON 1108 San Pedro San Antonio, TK 782	15.11

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 7

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/24/01	HEB Olmos Dr. San Antonio, TX 78212	28 43

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

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 ($)
4/24/01	US Post Office Vance Jackson San Antonio, TX 78201	

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/01	James Brewer Grayson St San Antonio, TX 78212	37 51

Purpose of payment (See instructions regarding type of information required.): Food for Workers

•• 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 ($)
4/23	Senior Sentinel San Antonio, TX 782	220 00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of

2 FILER NAME Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/01	Message Audience Resistance 2900 S. 4th St Austin, TX 78704	7200.00

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 ($)

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

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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