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: 22

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: PO Box 5344 | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 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): 3481 Fredricksburg Rd. | APT / SUITE #: Suite 1 | 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: 6 / 30 / 02 THROUGH Month Day Year: 12 / 31 / 02

10 ELECTION

ELECTION DATE Month Day Year: / N/A

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

11 OFFICE

OFFICE HELD (if any): San Antonio City Council

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Bobby Perez

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

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)	$ 4,165.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 18,598.10

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

MICHELLE A. MERRITT NOTARY PUBLIC STATE OF TEXAS EXPIRES 07-26-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Bobby Perez, this the 15 day of January, 20 03, to certify which, witness my hand and seal of office.

Michelle Merritt	Michelle Merritt	Notary Public
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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 / 4

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)
5/18/02	MARTHA GARZA CAUDILLO 833 N EUCLID POB 7392 SAN ANTONIO TX 78217	$25.00	

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)
7/19/02	LAN PAC 1500 City West BLVD 10th Floor HOUSTON, TX 77042	$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)
7/19/02	TURNER, Collie & BRADEN PAC POB 130089 HOUSTON, TX 77219	$80.00	

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)
8/9/02	CONSULTING ENGINEERS OF TX PAC 400 W 15th St, Ste 820 AUSTIN, TX 78701	$300.00	

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)
7/15/02	PARSONS BRINCKERHOFF, INC. PAC One Penn Plz New York, NY 10119	$200.00	

Principal occupation (Optional) | Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: 2/4

2 FILER NAME: Robby 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)
7/24/02	Jesse S. Covarrubias 204 Shalimar San Antonio, TX 78213	$60.00	

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)
8/6/02	Don Burden 411 FM Comfort, TX 78013	$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)
8/5/02	Thomas D Ellis 7 Inwood Moss San Antonio, TX 78248	$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)
7/16/02	Richard J Vensas 2918 Old Ranch Rd San Antonio, TX 78217	$70.00	

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)
7/22/02	Brenda Vickrey Johnson 13055 N Hunters Cir San Antonio, TX 78230	$70.00	

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: 3/4

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)
7/22/02	G W WORTH 6929 CAMP BULLIS RD	$1,000.00	

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)
7/19/02	PAMELA W BAIN 1026 CENTRAL PKY S SAN ANTONIO, TX 78232	$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)
8/21/02	JOHN H KELL, JR 2635 BROOKHURST DR SAN ANTONIO, TX 78209	$500.00	

Principal occupation (Optional)

Employer (Optional)

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2003 JAN 15 P 4:08

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)
10/11/02	MARK A GILTNER 13211 Vista dell Puente 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)
8/16/02	RABA-KISTNER PAC, INC POB 690287 SAN ANTONIO TX 78269	$110.00	

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: 4/4

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)
8/26/02	DAVID STARR 2161 N W Militatary Hwy SAN ANTONIO, TX 78213	$1,000.00	

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1-17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/19	Lukemia Foundation 950 Isom San Antonio, TX	$200.00

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

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 ($)
9/29/02	El Bethel Pastor Church Poplar Ave San Antonio 78207	$500.00

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 ($)
10/2/02	Melissa Coulter 2321 Vance Jackson San Antonio 78201	$800

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 ($)
10/2/02	Ivan Melchor 2321 Vance Jackson San Antonio 78201	$550

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/02	Ron Kirk Campaign 110 Maryland Ave Washington DC 2002	$500.00

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

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 ($)
7/15/02	Southwest Event Inc 6565 Babcock Rd #6 San Antonio, TX 78249	$250.00

Purpose of payment (See instructions regarding type of information required.): Returned contribution due to Inc. Status

•• 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 ($)
7/15/02	Contemporary Services Inc. 17101 Superior St. Northridge Calif 91325	$250.00

Purpose of payment (See instructions regarding type of information required.): Returned Contribution due to Inc. Status

•• 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 ($)
7/19/02	Comp USA 820 Rector Dr San Antonio 78213	69.01

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3/17

2 FILER NAME: Bobby Pérez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/20	City of San Antonio Main Plaza San Antonio TX 78205	663.00

8 Purpose of payment (See instructions regarding type of information required.): Event tickets for 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 ($)
7/20	Chilis 255 E. Basse Rd San Antonio, TX	62.48

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

•• 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 ($)
7/18	Riverwalk Floral Designs 316 N. Presa San Antonio TX	22.64

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

•• 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 ($)
7/23	Westin Hotels 420 West Market St. San Antonio 78205	$56.07

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

•• 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: 4/17

2 FILER NAME: Bobby Pérez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/7/02	Party Creations San Antonio, TX	86.30

8 Purpose of payment (See instructions regarding type of information required.): Staff event (Secretary day)

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 ($)
8/7/02	Thomas Aguillion Campaign 3126 N. St. Marys St San Antonio 78212	$1000.00

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

•• 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 ($)
8/7/02	Ron Chapman Campaign Dallas, TX	$500.00

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

•• 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 ($)
8/9/02	Lisa Juarez for Mud Queen fund 110 Broadway Suite 60 78205	$300.00

Purpose of payment (See instructions regarding type of information required.): contribution to Paseo Del Rio

•• 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: 5/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/9/02	CD Solutions PO Box 681871 San Antonio, TX 78268	$ 625.00

8 Purpose of payment (See instructions regarding type of information required.): Payment for computer equipment/replace

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 ($)
8/14/02	Vengroff Williams Co. Grayson St San Antonio, TX	$ 709.47

Purpose of payment (See instructions regarding type of information required.): Payment for Storage facility rental on Grayson St

•• 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 ($)
8/17/02	San Antonio Talons 1506 Bexar Crossing San Antonio TX 78232	$ 300.00

Purpose of payment (See instructions regarding type of information required.): Contribution for team 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 ($)
8/20/02	Melissa Coulter 2321 Vance Jackson San Antonio, TX 78201	34.15

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/17

2 FILER NAME: Bobby Pérez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/7/02	RTC Floristy Inc 1420 Fredricksburg Rd San Antonio, 78201	$78.21

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

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 ($)
8/7/02	RTC Floristy Inc 1420 Fredricksburg Rd. San Antonio, 78201	$51.24

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

•• 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 ($)
8/9/02	RTC Floristy Inc 1420 Fredricksburg Rd San Antonio, 78201	$52.32

Purpose of payment (See instructions regarding type of information required.): constituent child birth

•• 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 ($)
8/11/02	RTC Floristy Inc 1420 Fredricksburg Rd San Antonio, 78201	$89.00

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

•• 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: 7/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/17/02	Comp USA 820 Rector Dr San Antonio 78213	39.89

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

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 ($)
8/19	Mobile Planet 917 Deering Dr. Chatsworth Calif 91311	113.84

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

•• 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 ($)
8/20/02	Dillards North Star Mall San Antonio, TX 78212	172.06

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

•• 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 ($)
8/22	US Database Search (800 US Search) Internet Service Search Engine	100.00

Purpose of payment (See instructions regarding type of information required.): Search Fees for Auditor position

•• 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: 8/17

2 FILER NAME: BOBBY PÉREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/4/02	Mount Sacred Heart San Antonio, TX 78212	$100.00

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

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 ($)
10/4/02	Thomas Aguillon Campaign 3126 N. St. Mary St San Antonio 78212	$812.00

Purpose of payment (See instructions regarding type of information required.): in kind contribution for SBC phone deposit

•• 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 ($)
10/8/02	Federal Express San Antonio, TX 78205	$18.86

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Purpose of payment (See instructions regarding type of information required.): fees for mailing overnight delivery

•• 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 ($)
10/8/02	City of San Antonio Main ~~Street~~ Plaza San Antonio, TX 78205	$115.51

Purpose of payment (See instructions regarding type of information required.): Payment for telephone expenses

•• 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: 9/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/29	United States Postal Service Laurel Heights Branch Vance Jackson San Antonio 78201	$38.00

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 ($)
10/29/02	Melissa Coulter 2321 Vance Jackson San Antonio 78201	$400.00

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 ($)
10/29/02	Ivan Melchor 2321 Vance Jackson San Antonio 78201	$400.00

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 ($)

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: 10/17

2 FILER NAME Bobby Rivera

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/1/02	City of San Antonio Main Plaza San Antonio TX 78205	115.76

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
payment for telephone expenses	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/6/02	Missionaries of Sacred Heart 2114 W. Houston San Antonio TX 78207	$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
Contribution	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/10/02	Michaels 255 E. Basse Rd San Antonio TX 78209	$67.36

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
event supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/10/02	RTC Florist 1420 Fredricksburg Rd San Antonio 78201	$56.10

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
constituent event	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/10/02	City of San Antonio Main Plaza San Antonio, TX 78205	$ 38.63

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 ($)
11/25/02	Ruben Alfaro 203 Upson San Antonio, TX 78212	$ 50.00

Purpose of payment (See instructions regarding type of information required.): photography 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 ($)
11/26/02	Alice Salas 462 Marylouise San Antonio TX 78201	$ 65.00

Purpose of payment (See instructions regarding type of information required.): cakes/baked goods for event

•• 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 ($)
12/8/02	Joaquin Castro Campaign 1918 Fredricksburg Rd San Antonio TX 78201	500.00

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

•• 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: 12/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/31/02	Flowers & Com Inc interent service	$63.84

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
Constituent Event	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/31/02	Barbed Wire Grill 620 S. Presa San Antonio TX	$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
Payment for going away party for staff member	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/7/02	Dave & Busters Crossroads Blvd San Antonio, TX 78201	$46.48

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
Staff lunch	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/7/02	Comp USA 820 Rector Dr San Antonio 78219	$325.00

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
Supplies & Equipment	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13/17

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/31/02	Henry Cuellar 1519 Washington St Laredo, TX 78042	$1000.00

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

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 ($)
9/4/02	City of San Antonio Main Plaza San Antonio, TX 78205	$83.88

Purpose of payment (See instructions regarding type of information required.): Payment for telephone expenses

•• 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 ($)
9/4/02	City of San Antonio Main Plaza San Antonio, TX 78205	$35.02

Purpose of payment (See instructions regarding type of information required.): Payment for telephone 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 ($)
9/4/02	Trey Martinez Fisher Campaign 307 So. Santa Rosa San Antonio, TX 78205	$1000.00

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

•• 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: 14/12

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/9/02	Tom Craddick Campaign 500 W. Texas Suite 880 Midland TX 79701	$1000.00

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

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 ($)
12/16/02	~~Senior Citizen Dance Contribution~~ Arturo Morales 511 Bangor San Antonio, TX	$100.00

Purpose of payment (See instructions regarding type of information required.): expenses for senior event

-- 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 ($)
12/19/02	Melissa Coulter 2321 Vance Jackson San Antonio 78201	41.00

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 ($)
12/19/02	Alice D Salas 462 Mary Louise San Antonio 78201	$1060.00

Purpose of payment (See instructions regarding type of information required.): Christmas Baskets (53 @ 20)

-- 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: 15/17

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/19/02	Mike Demeccio Main Plaza San Antonio, TX 78205	$100.00

8 Purpose of payment (See instructions regarding type of information required.): payment for tickets for administrative aide xmas party

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 ($)
12/21/02	Barbard Wire Grill 620 S. San Antonio, TX	18.88

Purpose of payment (See instructions regarding type of information required.): constituent board member lunch

•• 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 ($)
12/21/02	Community Arena Management 3201 E. Houston St San Antonio 78219	$343.00

Purpose of payment (See instructions regarding type of information required.): tickets / door prize

•• 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 ($)
12/21/02	San Antonio Spurs 3201 E. Houston St. San Antonio 78219	271.90

Purpose of payment (See instructions regarding type of information required.): tickets for donation to dist 1 ~~[illegible]~~ thanks giving door prize

•• 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: 16/17

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/21/02	San Antonio Spurs 3201 E. Houston St San Antonio 78219	79.40

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
Door prize tickets	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/24/02	Office Depot 255 E. Basse Rd San Antonio TX 78213	$24.00

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
office supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/24/02	Picante Grill 3810 Broadway San Antonio, TX	$342

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
payment for Dist 1 Thanksgiving event	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/02	Trinity Publications San Antonio TX	$100.00

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
Advertisement expenses for St. Mary Magdalene bulletin	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17/17

2 FILER NAME: Bobby Perry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/24/02	H-E-B Grocery Company Olmos Drive San Antonio, TX	17.00

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
Supplies for event	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/11/02	City of San Antonio Main Plaza San Antonio, TX 78205	195.01

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
payment for telephone expenses	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/13/02	Hispanic Chamber of Commerce San Antonio, TX 78205	125.00

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
membership fees.	

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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