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

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

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: 12

OFFICE USE ONLY

Date Received

RECEIVED
APR 14 2011
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr	FIRST: JON	MI: R	NICKNAME	LAST: Perry / SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 6340 Lake Worth Blvd Suite 268	APT / SUITE #:	CITY: Ft Worth	STATE: TX	ZIP CODE: 76135
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817)	PHONE NUMBER: 754-0001	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: mrs.	FIRST: Vanessa	MI: R	NICKNAME	LAST: Lang / SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 5309 Kingsknowe Pkwy	APT / SUITE #:	CITY: Ft Worth	STATE: TX	ZIP CODE: 76135
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817)	PHONE NUMBER: 909-1578	EXTENSION		

9 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)

10 PERIOD COVERED

Month 3 Day 8 Year 11 THROUGH Month 4 Day ~~5~~ 14 Year 11

11 ELECTION

ELECTION DATE: Month 5 Day 14 Year 11

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): FW City Council District 7

14 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

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME: Jon R Perry

16 ACCOUNT # (Ethics Commission Filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 725
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 68.05
	4. TOTAL POLITICAL EXPENDITURES	$ 2005.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 549.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ ø

19 AFFIDAVIT

SHADI SUTTON
Notary Public
STATE OF TEXAS
My Comm. Exp. January 31, 2015

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 Jon Perry, this the 14th day, of April, 20 13 to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Shadi Sutton	Notary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: Jon R 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)
3/13/11	Karen Lang 11 Anasazi Rd, Placitas, NM 87043	$500	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

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)
3/14/11	Sid Jamail 12133 Liberty School Rd Azle, TX 76020	$100	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
3/24/11	Jakey Saunders 511 E. Abrahm Street ~~6313 Hulen Bend Blvd~~ Arlington ~~Ft Worth~~, TX 76010	$25	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
3/30/11	Nelson Rodriguez 4609 Gladiola Lane Ft Worth, TX 76123	$100	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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)
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: Jon R Perry

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of pledge ($)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Jon R Perry

3 ACCOUNT # (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $ Ø

5 Date of loan: 3/17/11

6 Is lender a financial Institution? Y (N)

7 Name of lender: Vanessa Lang ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 5309 Kingsknowe Pkwy Ft Worth, Tx 76135

9 Loan Amount ($): 1065.85

10 Interest rate: Ø

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☒ none

15 GUARANTOR INFORMATION: ☒ not applicable

16 Name of guarantor:

17 Guarantor address; City; State; Zip Code:

18 Amount Guaranteed ($):

19 Principal Occupation (See Instructions):

20 Employer (See Instructions):

Date of loan: 3/9/11

Is lender a financial Institution? Y (N)

Name of lender: Jon R Perry ☐ out-of-state PAC (ID#:)

Lender address; City; State; Zip Code: 5309 Kingsknowe Pkwy Ft Worth, Tx 76135

Loan Amount ($): 505.78

Interest rate: Ø

Maturity date: N/A

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☒ none

GUARANTOR INFORMATION: ☒ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	Jon R Perry	

4 Date	5 Payee name
3/17/11	Signage Systems
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$1065.85	7960 Ferguson Rd, Dallas, TX 75228

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Signage

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

Date	Payee name
3/21/11	Staples
Amount ($)	**Payee address; City; State; Zip Code**
$104.97	6313 Lake Worth Blvd, Lake Worth, TX 76135

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	Labels

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

Date	Payee name
3/31/11	Tractor Supply Co.
Amount ($)	**Payee address; City; State; Zip Code**
$89.73	3919 Telephone Rd, Lake Worth, TX 76135

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Sign Posts

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

Date	Payee name
3/8/11	City Secretary's Office
Amount ($)	**Payee address; City; State; Zip Code**
$100.00	1000 Throckmorton St, Fort Worth, TX

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Fees	Filing Fee

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	Jon R Perry	

4 Date: 3/23/11	5 Payee name: Staples
6 Amount ($): $18.39	7 Payee address; City; State; Zip Code: 6313 Lake Worth Blvd, Lake Worth, TX 76135
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising Expense (b) Description (If travel outside of Texas, complete Schedule T): Labels
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date: 3/9/11	Payee name: Overnight Prints
Amount ($): 288.87	Payee address; City; State; Zip Code: P.O Box 15390 Irvine, CA 92623
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date: 3/25/11	Payee name: Overnight Prints
Amount ($): $57.70	Payee address; City; State; Zip Code: P.O Box 15390 Irvine, CA 92623
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date: 3/9/11	Payee name: Dr. Don's Buttons
Amount ($): 216.91	Payee address; City; State; Zip Code: 3906 W Morrow Drive, Glendale, AZ 85308
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Buttons
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	**2** FILER NAME Jon R Perry	**3** ACCOUNT # (Ethics Commission Filers)
4 Date	**5** Payee name	
6 Amount ($) ☐ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	**2** FILER NAME Jon R Perry	**3** ACCOUNT # (Ethics Commission Filers)
4 Date	**5** Business name	
6 Amount ($)	**7** Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	**2** FILER NAME Jon R Perry	**3** ACCOUNT # (Ethics Commission Filers)
4 Date	**5** Payee name	
6 Amount ($)	**7** Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Jon R Perry

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME: Jon R Perry

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED