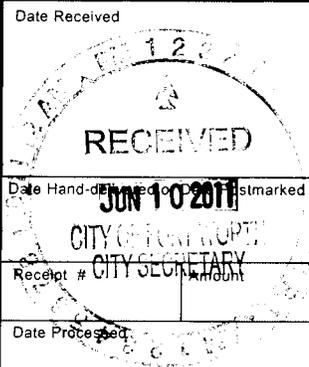


**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

**CANDIDATE / OFFICEHOLDER  
 CAMPAIGN FINANCE REPORT**

**FORM C/OH  
 COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.	<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 13
--	--	-----------------------------------

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr. Jon R NICKNAME LAST SUFFIX Perry	<b>OFFICE USE ONLY</b> Date Received 
--	--	--

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6340 Lake Worth Blvd Suite 208 Ft Worth, TX 76135
---	--

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 754-0001
---	--

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mrs. Vanessa R NICKNAME LAST SUFFIX Lang	Date Hand-delivered or e-mailed Receipt # Date Processed Date Imaged
----------------------------------	--	---

<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5309 Kingsknone Pkwy, Ft Worth TX 76135
--	--

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 909-1578
-----------------------------------	--

<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
----------------------	---

<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 5 / 5 / 11    THROUGH    6 / 8 / 11
--------------------------	--

<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 6 / 18 / 11
--------------------	---

<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known) FW City Council D7
--	--

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b> <input type="checkbox"/> additional pages	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
---	--

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Jon Perry **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

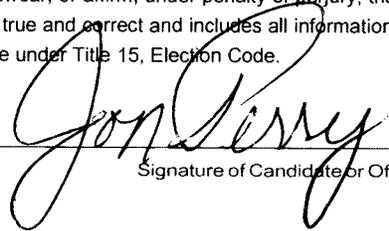
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 203.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,878.19
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 75.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,453.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,315.27
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,071.63

**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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon Perry, this the 10 day of June, 20 11, to certify which, witness my hand and seal of office.

Delinda M Holaway  
Signature of officer administering oath

Delinda Holaway  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/4

2 FILER NAME

Jon Perry

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10/11

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Renee Muchow

6 Contributor address; City; State; Zip Code

9416 Heron Dr, Ft Worth TX 76108

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/17/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Renee Muchow

Contributor address; City; State; Zip Code

9416 Heron Drive, Ft Worth TX 76108

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Karen Lang

Contributor address; City; State; Zip Code

11 Anasazi Rd, Placitas, NM 87143

Amount of contribution (\$)

\$2,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Nelson Rodriguez

Contributor address; City; State; Zip Code

4609 Gladiola Ln, Ft Worth, TX 76123

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Steve Byars

Contributor address; City; State; Zip Code

8020 Shoreview Drive, Ft Worth TX 76108

Amount of contribution (\$)

\$500.00

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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. <i>2/4</i>	
2 FILER NAME <i>Joris Perry</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/23/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gordon Petty</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State Zip Code <i>1333 Bomber Plant Rd, Ft Worth 76108</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/23/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cecelia Melain</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable) <i>Cash</i>
Contributor address; City; State Zip Code <i>9101 Ben View Ct, Ft Worth, TX 76126</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/1/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Catherine Toledo</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State Zip Code <i>5714 Clarke Ave, Ft Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/1/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Beverly B Larry Benham</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State Zip Code <i>6487 Woodstock Rd, Ft Worth 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/1/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Lerna</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State Zip Code <i>P.O. Box 7150, Ft Worth, TX 76111</i>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

3/4

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/1/11

Ann Sutherland Burlingame

6 Contributor address; City; State; Zip Code

4024 Aragon Dr, Ft Worth 76133

\$50

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/1/11

Robert & Dorla Hobbs

Contributor address; City; State; Zip Code

PO Box 136369, Ft Worth, TX 76136

\$200

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/6/11

W. Charles Bennett

Contributor address; City; State; Zip Code

2155 Louisiana Blvd, ABO NM 87110

\$500

(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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/7/11

Gary Hogan

Contributor address; City; State; Zip Code

2117 Rolling Creek Run, Ft Worth, TX 76108

\$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# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/9/11

Errol B. Duke Henry

Contributor address; City; State; Zip Code

7700 Camp Bowie W, Ft Worth 76116

1,305.35

4,305.35

\$1,305.35

Post Cards

(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 for additional reporting requirements

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4/4</b>	
2 FILER NAME <b>Jon Perry</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/23/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Errol &amp; Julie Henry</b>	7 Amount of contribution (\$) <b>698.87</b>	8 In-kind contribution description (if applicable) <b>Post Cards</b>
6 Contributor address; City; State Zip Code <b>7700 Camp Bowie W, Ft Worth 76116</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/25/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Errol &amp; Julie Henry</b>	Amount of contribution (\$) <b>1,065.97</b>	In-kind contribution description (if applicable) <b>Post Cards</b>
Contributor address; City; State Zip Code <b>7700 Camp Bowie W, Ft Worth 76116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/29/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Buyers</b>	Amount of contribution (\$) <b>505</b>	In-kind contribution description (if applicable) <b>Signage</b>
Contributor address; City; State Zip Code <b>8020 Shoreside Dr. Ft Worth 76108</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State Zip Code		(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 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1/5	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/6/11	<b>5</b> Payee name SECOMOZ	
<b>6</b> Amount (\$) \$99	<b>7</b> Payee address; City; State; Zip Code 119 Pine St, Seattle, WA 98101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising / web	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/13/11	Payee name Hobby Lobby	
Amount (\$) \$77.16	Payee address; City; State; Zip Code 6580 Lake Worth Blvd, Lake Worth, TX 76135	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising / Signs	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 5/13/11	Payee name Lowes	
Amount (\$) \$20.90	Payee address; City; State; Zip Code 3500 NW Centre Drive, Ft Worth, TX 76135	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising / Signs	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 5/10/11	Payee name Ft Worth Golf Club	
Amount (\$) \$101.00	Payee address; City; State; Zip Code 7200 Golf Club Drive, Ft Worth, TX 76179	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	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

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2/5	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	----------------------------------	---

<b>4</b> Date 5/16/11	<b>5</b> Payee name Home Depot
--------------------------	-----------------------------------

<b>6</b> Amount (\$) \$53.75	<b>7</b> Payee address; City; State; Zip Code 3950 Jim Wright Freeway, Lake Worth, TX 76135
---------------------------------	--

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

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

<b>Date</b> 5/14/11	<b>Payee name</b> Tractor Supply Co
------------------------	--

<b>Amount (\$)</b> \$41.09	<b>Payee address; City; State; Zip Code</b> 3919 Telephone Rd, Lake Worth TX 76135
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising / Signs	<b>Description</b> (If travel outside of Texas, complete Schedule T)
-------------------------------	--	--

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

<b>Date</b> 5/20/11	<b>Payee name</b> Target
------------------------	-----------------------------

<b>Amount (\$)</b> \$18.38	<b>Payee address; City; State; Zip Code</b> 6604 Lake Worth Blvd, Lake Worth, TX 76135
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event	<b>Description</b> (If travel outside of Texas, complete Schedule T)
-------------------------------	--	--

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

<b>Date</b> 5/23/11	<b>Payee name</b> Lowe's
------------------------	-----------------------------

<b>Amount (\$)</b> \$10.78	<b>Payee address; City; State; Zip Code</b> 3500 NW Center Drive, Flower Mound, TX 76135
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Miscellaneous	<b>Description</b> (If travel outside of Texas, complete Schedule T)
-------------------------------	--	--

Complete <u>ONLY</u> 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 315	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/27/11	<b>5</b> Payee name American Sign Works	
<b>6</b> Amount (\$) \$337.74	<b>7</b> Payee address; City; State; Zip Code 5929 Jacksboro Hwy, Ft Worth, TX 76114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/27/11	Payee name The Ft Worth Blue	
Amount (\$) \$75.89	Payee address; City; State; Zip Code 3131 W. 7 <sup>th</sup> St, Ft Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event	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 5/31/11	Payee name The Ft Worth Blue	
Amount (\$) \$264.73	Payee address; City; State; Zip Code 3131 W 7 <sup>th</sup> St, Ft Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage	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 5/31/11	Payee name The Ft Worth Blue	
Amount (\$) \$55.82	Payee address; City; State; Zip Code 3131 W 7 <sup>th</sup> St, Ft Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Polling	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

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4/5	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/31/11	<b>5</b> Payee name Drews Place	
<b>6</b> Amount (\$) 1645.49	<b>7</b> Payee address; City; State; Zip Code 5701 Curzon Ave, Ft Worth, TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 4/2/11	Payee name People Calling People	
Amount (\$) 10515	Payee address; City; State; Zip Code 3948 Legacy Drive Ste 106, Plano, TX 75023	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 4/7/11	Payee name Home Depot	
Amount (\$) 825.27	Payee address; City; State; Zip Code 3950 Jim Wright Freeway, Lake Worth, TX 76135	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising/Signs	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 4/2/11	Payee name Drews Place	
Amount (\$) 1033.09	Payee address; City; State; Zip Code 6220 Camp Bowie Blvd, Ft Worth, TX 76116	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5/5	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/8/11	<b>5</b> Payee name Signage Systems
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<b>6</b> Amount (\$) \$313.93	<b>7</b> Payee address; City; State; Zip Code 7960 Ferguson RD, Dallas, TX 75228
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/8/11	Payee name Straight Talk
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Amount (\$) \$151.14	Payee address; City; State; Zip Code 9760 NW 112th Ave, Miami, FL 33178
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1/2	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/8/11	<b>5</b> Payee name Bernard Perette
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<b>6</b> Amount (\$) \$350 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 12900 Jugular Rd, Dallas, TX 75238
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule F)
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Date 6/4/11	Payee name US Postmaster General
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Amount (\$) \$406.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code US Postal Service
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Mailing	Description (If travel outside of Texas, complete Schedule F)
------------------------	--	---

Date 6/8/11	Payee name US Postmaster General
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Amount (\$) \$803.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code US Postal Service
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees Mailing	Description (If travel outside of Texas, complete Schedule F)
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Date 5/5/11	Payee name Signage Systems
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Amount (\$) \$320 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7960 Ferguson Rd, Dallas, TX 75228
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule F)
------------------------	--	---

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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2/2	<b>2</b> FILER NAME Jon Perry	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/13/11	<b>5</b> Payee name Rosa's Cafe
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<b>6</b> Amount (\$) \$255.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6050 Hurwylak St, Fort Worth TX 76135
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event, Food/Beverage	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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