

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 67
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Isidro MI	OFFICE USE ONLY	
	NICKNAME tzzy LAST Perez SUFFIX	Date Received REC'D [Signature] CO	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6821. South Saint Marie		APR 23 2021 CITY OF PHARR ADMINISTRATION PHARR, TEXAS
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 627-8372 EXTENSION	Date Handled/Report Type Marked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Jose MI I	Receipt #	
	NICKNAME Perez LAST SUFFIX	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 340 East Jean Dr. Pharr Texas 78577		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 460-4130 EXTENSION		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 04 / 01 / 2021 THROUGH 04 / 23 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Commissioner Place 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Isidro Izzy Perez</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>\$600.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>\$1500.00</i>

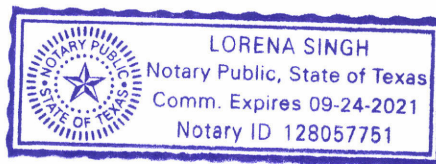
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Isidro Izzy Perez* this the *23* day of *April*, 20*21*, to certify which, witness my hand and seal of office.

Lorena Singh *Lorena Singh*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Isidro Izzy Perez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1100.⁰⁰</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>10000.⁰⁰</i> <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME <i>Isidro Izzy Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>\$1100.00</i>	
5 Date <i>4-18-2021</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Mantreay</i>	8 Amount of Contribution \$ <i>500.00</i>	9 In-kind contribution description <i>travel</i>
7 Contributor address; City; State; Zip Code <i>1104 E. Allen, St Pharr, TX 78577</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>—</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>4-19-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Fong</i>	Amount of Contribution \$ <i>200.00</i>	In-kind contribution description <i>meals</i>
Contributor address; City; State; Zip Code <i>11 S. Cage Blvd Pharr, TX 78577</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>self</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2 of 2</i>	
2 FILER NAME <i>Isidro Izzy Perez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>\$1100.00</i>	
5 Date <i>4-20-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melba Figueroa</i>	8 Amount of Contribution \$ <i>300.00</i>	9 In-kind contribution description <i>Food</i>
7 Contributor address; City; State; Zip Code <i>1315 E. Jones Ave Pharr, TX 78577</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Insurance Agent</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4-21-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa R. Campana</i>	Amount of Contribution \$ <i>100.00</i>	In-kind contribution description <i>Food</i>
Contributor address; City; State; Zip Code <i>4909 Ponds Edge Rd. Palmhurst TX 78573</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Attorney</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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:

Page 1 of 2

2 FILER NAME

Isidro "Izzy" Perez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1,600

5 Date of loan

2-12-21

7 Name of lender

out-of-state PAC (ID#: _____)

Isidro Izzy Perez

9 Loan Amount (\$)

\$ 700.00

6 Is lender a financial institution?
Y N

Y N

8 Lender address;

City; State; Zip Code

6821. South Saint Marie Pharr, Texas 78577

10 Interest rate

- 0 -

11 Maturity date

- 0 -

12 Principal occupation / Job title (See Instructions)

Sr. Detention officer / K-9 Handler

13 Employer (See Instructions)

Hidalgo County sheriffs office

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

\$ 700.00

not applicable

20 Principal Occupation (See Instructions)

N/A

21 Employer (See Instructions)

N/A

Date of loan

2-16-21

Name of lender

out-of-state PAC (ID#: _____)

Isidro Izzy Perez

Loan Amount (\$)

\$ 800.00

Is lender a financial institution?
Y N

Y N

Lender address;

City; State; Zip Code

6821. South Saint Marie Pharr Texas 78577

Interest rate

- 0 -

Maturity date

- 0 -

Principal occupation / Job title (See Instructions)

Sr Detention officer / K-9 Handler

Employer (See Instructions)

Hidalgo County Sheriffs office

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

\$ 800.00

not applicable

Principal Occupation (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: <i>Page 2 of 2</i>
2 FILER NAME <i>Isidro "Izzy" Perez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1,600.00</i>
5 Date of loan <i>1-29-21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>United For Pharr Isidro "Izzy" Perez</i>	9 Loan Amount (\$) <i>\$100.00</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>6821. South Saint Marie Pharr, Texas 78577</i>	10 Interest rate <i>- 0 -</i>
		11 Maturity date <i>- 0 -</i>
12 Principal occupation / Job title (See Instructions) <i>Sr. Detention officer / K-9 Handler</i>		13 Employer (See Instructions) <i>Hidalgo County Sheriffs office</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$) <i>\$100.00</i>
20 Principal Occupation (See Instructions) <i>NIA</i>		21 Employer (See Instructions) <i>NIA</i>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> 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.