

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: 52	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST CLAYTON	MI H	OFFICE USE ONLY Date Received 4/3/2025 5:13:43PM	
	NICKNAME	LAST PERRY	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 700123 SAN ANTONIO TX 78270				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 701-0254	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST MICHAEL	MI	Receipt #	Amount \$
	NICKNAME	LAST JOUFFRAY	SUFFIX	Date Processed 4/3/2025 5:13:43PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2015 OAK VISTA ST SAN ANTONIO TX 78232				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 394-5659	EXTENSION		
9 REPORT TYPE	30th Day Before General Election				
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2025 THROUGH 3/24/2025				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/3/2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME CLAYTON H PERRY	15 Filer ID (Ethics Commission Filers)
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16 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.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21835.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 62667.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 98606.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **CLAYTON H PERRY**, this the **3rd** day of **April**, **2025**, 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

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME CLAYTON H PERRY		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21335.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23841.23
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 38826.38
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT LAUGHLIN

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**74 OUTLOOK POINT
BOERNE, TX 78006**

8 Principal occupation / Job title (See instructions)
DENTIST

9 Employer (See instructions)
ALAMO PROSTODENTICS

Date
1/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
LYDIA M MRZLAK

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**6422 FALLS CHURCH
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
PRINCIPAL

Employer (See instructions)
SAISD

Date
1/18/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT A BISHOP

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**15310 FALL PLACE DR
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)

Date
1/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
HELEN L PERRY

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**737 W COLUMBUS
GIDDINGS, TX 78942**

Principal occupation / Job title (See instructions)
RETIRED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
1/24/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT C LAYMON

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**PO Box 2097
UNIVERSAL CITY, TX 78148-2097**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)

Date
1/30/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
JOHN BOULOUBASIS

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2251 TEXAS SPRINGS
NEW BRAUNFELS, TX 78132**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
NOBLE CAPITAL GROUP

Date
1/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
RICHARD AND LISA SHELDON

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**4006 GREEN OAK DR
WACO, TX 76710**

Principal occupation / Job title (See instructions)
OWNERS

Employer (See instructions)
SHELDON REAL ESTATE

Date
1/31/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MICHAEL ASMUS

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**4325 W ROME BLVD #1210
LAS VEGAS, NV 89084**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/2/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
JENNIFER J MERY

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**13727 PEBBLE OAK DR
SAN ANTONIO, TX 78231**

8 Principal occupation / Job title (See instructions)
PRESIDENT

9 Employer (See instructions)
P3 IMAGING SOLUTIONS

Date
2/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
WILLIAM FAHEY

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1071 GLENWOOD LOOP
BULVERDE, TX 78163**

Principal occupation / Job title (See instructions)
DEPUTY CHIEF INFO OFFICER

Employer (See instructions)
BEXAR

Date
2/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
HEATHER YOST

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**7715 HARTMAN ST
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
STANLEY BERNSTEIN

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2511 N ST MARY;S
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)
ATTORNEY

Employer (See instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/12/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
CHARLES BARRET

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**14414 BLANCO RD #220
SAN ANTONIO, TX 78216**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)

Date
2/12/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT PRADO

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2202 ESTATE GATE DR
SAN ANTONIO, TX 78260**

Principal occupation / Job title (See instructions)
MANAGER

Employer (See instructions)
IRISH LAKE MANAGEMENT

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ARTHUR J ROSSI JR

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**750 RITTIMAN RD
SAN ANTONIO, TX 78209**

Principal occupation / Job title (See instructions)
ATTORNEY

Employer (See instructions)
SELF

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
KATHERINE K McMILLAN

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**8211 BROOKWOOD FOREST
SAN ANTONIO, TX 78258**

Principal occupation / Job title (See instructions)
DOCTOR

Employer (See instructions)
SELF

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
BABS KRSZJZANIEK

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**12419 MAGNICO ST
SAN ANTONIO, TX 78233**

8 Principal occupation / Job title (See instructions)
REALTOR

9 Employer (See instructions)
JB GOODWIN

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
JOHN KAST

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**14452 EDGEMONT
SAN ANTONIO, TX 78217**

Principal occupation / Job title (See instructions)
LANDLORD

Employer (See instructions)
SELF

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT B MILLER III

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**16603 STALLION CROSS
SAN ANTONIO, TX 78217**

Principal occupation / Job title (See instructions)
VICE PRESIDENT

Employer (See instructions)
NA

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
REINETTE KING

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5031 SIERRA MADRE DR
SAN ANTONIO, TX 78233**

Principal occupation / Job title (See instructions)
FINANCIAL PROFESSIONAL

Employer (See instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
JAMES R PARKS

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**3219 TAVERN OAKS
SAN ANTONIO, TX 78247**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)
NA

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MYRTLE M PARKS

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3219 TAVERN OAKS
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
PRESIDENT

Employer (See instructions)
EDEN HOMEOWNERS ASSOC

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
TONY SAUCEDO

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1314 RAIN SONG
SAN ANTONIO, TX 78260**

Principal occupation / Job title (See instructions)
ENGINEER

Employer (See instructions)
MENDEZ ENGR

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT E ANDERSON

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**16418 CALICO CREEK
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
MARK S GREMMER

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**4006 KNOLLBEND
SAN ANTONIO, TX 78247**

8 Principal occupation / Job title (See instructions)
DEPUTY DIRECTOR

9 Employer (See instructions)
FIRE AND POLICE PENSION FUND

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
KENNETH AND DEBBIE PERRY

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**659 S MADISON
GIDDINGS, TX 78942**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
DIANA D RIDGEWAY

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code
**2211 SHADY ROCK CIR
SAN ANTONIO, TX 78231**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
SANDRA MIDCAP

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**410 DEVINE RD
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
BEVERLY N KOTARA WIATREK

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3310 E SOUTHCROSS BLVD
SAN ANTONIO, TX 78223**

8 Principal occupation / Job title (See instructions)
OPTOMETRIST

9 Employer (See instructions)
SELF

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
LINDA M ESTES

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15242 PRESTON PASS DR
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
2/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
DONNA M DOZIER

Amount of contribution (\$)
60.00

Contributor address; City; State; Zip Code
**12326 LaBARCA
SAN ANTONIO, TX 78223**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
CRAIG LEBLANC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 311476
NEW BRAUNFELS, TX 78131**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
CATHY J SPADACCINI

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**23011 STARBRIGHT
SAN ANTONIO, TX 78258**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)
NA

Date
2/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
DEBORAH D FORESTSTELLO

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**14 MILDENHALL LANE
SAN ANTONIO, TX 78218**

Principal occupation / Job title (See instructions)
SALES MANAGEMENT

Employer (See instructions)
AMERICAN ROOFING

Date
2/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MICHAEL T ANDERSON

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2911 HEDGEWYCK ST
SAN ANTONIO, TX 78217**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
2/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ANTONINA DANOFF

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**20935 CAPE CORAL
SAN ANTONIO, TX 78259**

Principal occupation / Job title (See instructions)
WRITER

Employer (See instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
LUCILLE PAONE

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**13902 GSL DR
SAN ANTONIO, TX 78253**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)
NA

Date
2/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
JAMES CASEY

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18715 CROSS PRAIRIE DR
SAN ANTONIO, TX 78258**

Principal occupation / Job title (See instructions)
SUPERVISORY

Employer (See instructions)
ENGINEER

Date
2/19/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
JOE NIX

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**12518 PRIMA VISTA DR
SAN ANTONIO, TX 78233**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
VOLUNTEER

Date
2/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
JILL SANDS

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**415 MILAM
SAN ANTONIO, TX 78202**

Principal occupation / Job title (See instructions)
OWNER

Employer (See instructions)
MERCH MEDIA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
CHRIS KELLY

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1821 N OLIVE ST
SAN ANTONIO, TX 78208**

8 Principal occupation / Job title (See instructions)
SELF

9 Employer (See instructions)
SELF

Date
2/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
DAVID CHRISTIAN

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1800 McCULLOUGH
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)
ATTORNEY

Employer (See instructions)
SELF

Date
2/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MICHAEL NICKELL

Amount of contribution (\$)
125.00

Contributor address; City; State; Zip Code
**16515 CALICO CREEK
SAN ANTONIO, TX 78247**

Principal occupation / Job title (See instructions)
POOL BOY

Employer (See instructions)
STOGIE OAKS RESORT

Date
2/25/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
CHARLES F DIBRILL JR

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**14118 BUTLER BEND
SAN ANTONIO, TX 78232-5477**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
2/27/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
BENJY NIXON

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**4047 STAHL RD
SAN ANTONIO, TX 78217**

8 Principal occupation / Job title (See instructions)
RETIRED

9 Employer (See instructions)
NA

Date
2/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
KENDELL MUENZLER

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**303 SINCLAIR RD
SAN ANTONIO, TX 78222**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
3/1/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
ROBERT G GARGA

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1100 NW LOOP 410 #700
SAN ANTONIO, TX 78213**

Principal occupation / Job title (See instructions)
ATTORNEY

Employer (See instructions)
SELF

Date
3/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MICHAEL JOUFFRAY

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2015 OAK VISTA ST
SAN ANTONIO, TX 78232**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
3/12/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
BEVERLY N KOTARA WIATREK

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3310 E SOUTHCROSS BLVD
SAN ANTONIO, TX 78223**

8 Principal occupation / Job title (See instructions)
OPTOMETRIST

9 Employer (See instructions)
SELF

Date
3/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
SAM J GUIDO

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4530 BLACK OAK WOODS
SAN ANTONIO, TX 78249**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
3/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
HOWARD L NICHOL

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**414 LAZY BLF
SAN ANTONIO, TX 78216-1616**

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Date
3/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
BRIAN OLSON

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**432 STAGECOACH TRAI;
SAN MARCOS, TX 78666**

Principal occupation / Job title (See instructions)
OWNER

Employer (See instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 14

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date
3/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
CHESTER J DRASH

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**139 EL CERRITO CIRCLE
HOLLYWOOD PARK, TX 78232**

8 Principal occupation / Job title (See instructions)
SENIOR VICE PRESIDENT

9 Employer (See instructions)
TTL, INC

Date
3/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
RAYMOND C CACACE

Amount of contribution (\$)
350.00

Contributor address; City; State; Zip Code
**3511 TRAILWAY PARK
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
HR

Employer (See instructions)
ENDEAVOR

Date
3/24/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
STEPHEN POPPOON

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**145 GRAND OAK ST
HOLLYWOOD PARK, TX 78232**

Principal occupation / Job title (See instructions)
ATTORNEY

Employer (See instructions)
SELF

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 2/3/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis Casillas 7 Contributor address; City; State; Zip Code 8634 Quail Whisper San Antonio, TX 78250	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Sausages for San Antonio Rodeo BBQ Cookoff <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
1 of 1

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID# _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check 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 contribution description

Pledgor address; City; State; Zip Code

☐ Check 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 contribution description

Pledgor address; City; State; Zip Code

☐ Check 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 contribution description

Pledgor address; City; State; Zip Code

☐ Check 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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
3/12/2025

7 Name of lender ☐ out-of-state PAC (ID# _____)
CLAYTON H PERRY

9 Loan Amount (\$)
50000.00

6 Is lender a
financial
institution?

N

8 Lender address; City; State; Zip Code
PO Box 700123
SAN ANTONIO TX 78270

10 Interest rate
0.000000

11 Maturity date

12 Principal occupation / Job title (See instructions)
retired

13 Employer (See instructions)
retired

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 (\$)
0.00

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan
3/24/2025

Name of lender ☐ out-of-state PAC (ID# _____)
CLAYTON H PERRY

Loan Amount (\$)
50000.00

Is lender a
financial
institution?

N

Lender address; City; State; Zip Code
PO Box 700123
SAN ANTONIO TX 78270

Interest rate
0.000000

Maturity date

Principal occupation / Job title (See instructions)
RETIRED

Employer (See instructions)
NA

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)
0.00

Guarantor address; City; State; Zip Code

☒ not applicable

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 Date 1/1/2025	5 Payee name Google Workspace	
6 Amount (\$) 23.80	7 Payee address; City; State; Zip Code PO Box 1 San Antonio, TX 78270	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Clayton Perry Office sought Mayor Office held		

Date 1/1/2025	Payee name Google Workspace	
Amount (\$) 23.80	Payee address; City; State; Zip Code PO Box 1 San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description FB
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Clayton Perry Office sought Mayor Office held		

Date 1/3/2025	Payee name Clayton H Perry	
Amount (\$) 129.47	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Clayton Perry Office sought Mayor Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 6	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date 1/9/2025	5 Payee name Clayton H Perry		
6 Amount (\$) 144.00	7 Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 1/10/2025	Payee name Clayton H Perry		
Amount (\$) 21.28	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 1/13/2025	Payee name Everest Marketing		
Amount (\$) 2295.00	Payee address; City; State; Zip Code PO Box 1 San Antonio, TX 78270		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 6	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/2025	5 Payee name Clayton H Perry		
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 1/22/2025	Payee name Clayton H Perry		
Amount (\$) 925.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 1/22/2025	Payee name Clayton H Perry		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 6	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2025	5 Payee name P3 Imaging		
6 Amount (\$) 449.24	7 Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 1/28/2025	Payee name Clayton H Perry		
Amount (\$) 144.00	Payee address; City; State; Zip Code 14040 Nacogdoches Sna Antonio, TX 78247-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description tshirts check 1102
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 2/3/2025	Payee name Arthur Macias		
Amount (\$) 500.00	Payee address; City; State; Zip Code 13114 Lookout San Antonio, TX 78233-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertise at BBQ Cookoff check 1100
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 6	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2025	5 Payee name Clayton H Perry		
6 Amount (\$) 5886.09	7 Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216-San		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
Date 3/5/2025	Payee name Clayton H Perry		
Amount (\$) 5125.64	Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
Date 3/17/2025	Payee name COSA		
Amount (\$) 100.00	Payee address; City; State; Zip Code 1 Military Plaza San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Filing Fee check 1105
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 6	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2025	5 Payee name Clayton H Perry		
6 Amount (\$) 1014.84	7 Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216-San		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Signs check 1107
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 3/20/2025	Payee name Clayton H Perry		
Amount (\$) 3245.34	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216-San		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description mailer check 1109
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Clayton Perry Office sought Mayor Office held			
Date 3/24/2025	Payee name STRIPE		
Amount (\$) 313.73	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description STRIPE FEES
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date 1/7/2025	6 Payee name Everest Consulting
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7 Amount (\$) 2500.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 1/21/2025	Payee name Everest Consulting
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Amount (\$) 1250.00	Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 2 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 1/27/2025	6 Payee name Unison	
7 Amount (\$) 144.00	8 Payee address; City; State; Zip Code 14040 Nacogdoches Sna Antonio, TX 78247	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description tshirts
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 1/29/2025	Payee name San Antonio A&M Club	
Amount (\$) 200.00	Payee address; City; State; Zip Code 6205 West Ave Castle Hills, TX 78245	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Ad in newsletter
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 3 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/3/2025	6 Payee name Google Workspace	
7 Amount (\$) 23.03	8 Payee address; City; State; Zip Code 1 Google San Antonio, TX 78216	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 2/3/2025	Payee name Morgan Creative	
Amount (\$) 1295.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 4 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/3/2025	6 Payee name Google Workspace	
7 Amount (\$) 25.15	8 Payee address; City; State; Zip Code 1 Google San Antonio, TX 78216	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 2/10/2025	Payee name Clayton H Perry	
Amount (\$) 21.28	Payee address; City; State; Zip Code 1 Gpt Chat, TX 78247	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description FB
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 5 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 2/13/2025	6 Payee name P3 Imaging
-----------------------------------	--

7 Amount (\$) 63.87	8 Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Business cards
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 2/14/2025	Payee name Barn Door Rest.
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Amount (\$) 390.25	Payee address; City; State; Zip Code 8400 N New Braunfels San Antonio, TX 78209
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Kick Off gathering
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 6 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/18/2025	6 Payee name Everest Consulting	
7 Amount (\$) 1750.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 2/18/2025	Payee name Clayton H Perry	
Amount (\$) 2500.00	Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 7 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	-----------

5 Date 2/21/2025	6 Payee name P3 Imaging
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7 Amount (\$) 1014.84	8 Payee address; City; State; Zip Code 1211 Sahara San Antonio, TX 78216
--	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 2/24/2025	Payee name Clayton H Perry
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Amount (\$) 93.33	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247-San
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Auto texting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 8 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2/28/2025	6 Payee name Morgan Creative	
7 Amount (\$) 1250.00	8 Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social media
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 2/28/2025	Payee name Clayton H Perry	
Amount (\$) 250.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144-San	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 9 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/3/2025	6 Payee name Google Workspace	
7 Amount (\$) 23.03	8 Payee address; City; State; Zip Code 1 Google San Antonio, TX 78216	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social media
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 3/3/2025	Payee name Google Workspace	
Amount (\$) 25.15	Payee address; City; State; Zip Code 1 Google San Antonio, TX 78216	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 10 of 18	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 Date 3/3/2025	6 Payee name Everest Consulting		
7 Amount (\$) 2500.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
Date 3/6/2025	Payee name Leslee Owen		
Amount (\$) 628.09	Payee address; City; State; Zip Code 1722 Braeburn San Antonio, TX 78258		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 11 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/6/2025	6 Payee name Clayton H Perry	
7 Amount (\$) 78.29	8 Payee address; City; State; Zip Code 17700 281 N San Antonio, TX 78232-San	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Clayton Perry	Office sought Mayor
		Office held
Date 3/7/2025	Payee name Clayton H Perry	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144-San	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social Media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Clayton Perry	Office sought Mayor
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 12 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/10/2025	6 Payee name Facebook	
7 Amount (\$) 5.00	8 Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description FB
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 3/11/2025	Payee name Facebook	
Amount (\$) 12.99	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description FB
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 13 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/11/2025	6 Payee name Clayton H Perry
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7 Amount (\$) 21.28	8 Payee address; City; State; Zip Code 1 Gpt Chat, TX 78247-San
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 3/12/2025	Payee name Clayton H Perry
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Amount (\$) 18.00	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247-San
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description FB
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 14 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/12/2025	6 Payee name Clayton H Perry	
7 Amount (\$) 600.00	8 Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144-San	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 3/12/2025	Payee name Morgan Creative	
Amount (\$) 250.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social Media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 15 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/14/2025	6 Payee name Clayton H Perry	
7 Amount (\$) 2400.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held
Date 3/17/2025	Payee name Clayton H Perry	
Amount (\$) 22.00	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247-San	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 16 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/17/2025	6 Payee name Clayton H Perry
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7 Amount (\$) 3000.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 3/20/2025	Payee name Clayton H Perry
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Amount (\$) 3000.00	Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 17 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/21/2025	6 Payee name Clayton H Perry
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7 Amount (\$) 2295.00	8 Payee address; City; State; Zip Code 18203 Rim Drive San Antonio, TX 78257-San
--	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 3/24/2025	Payee name Morgan Creative
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 2080 Randolph Cir NW Kennesaw, GA 30144
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Social media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 18 of 18	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/24/2025	6 Payee name Alamo Mailing
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7 Amount (\$) 9083.47	8 Payee address; City; State; Zip Code 13114 Lookout San Antonio, TX 78233
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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Date 3/24/2025	Payee name Clayton H Perry
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Amount (\$) 93.33	Payee address; City; State; Zip Code 16522 Calico Creek Dr San Antonio, TX 78247-San
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description texting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Clayton Perry	Office sought Mayor	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME CLAYTON H PERRY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> 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	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$) <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$) <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME CLAYTON H PERRY	3 Filer ID (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
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

CLAYTON H PERRY

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME CLAYTON H PERRY		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
CLAYTON H PERRY

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder