

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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> CLAYTON H PERRY		<b>15 Filer ID</b> (Ethics Commission Filers)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages		
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21835.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 62667.61
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 98606.97
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>18 AFFIDAVIT</b>		
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 <u>CLAYTON H PERRY</u> this the <u>3rd</u> day of <u>April</u> , 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**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>1 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/16/2025</b>	<b>5</b> Full name of contributor <b>ROBERT LAUGHLIN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>74 OUTLOOK POINT</b> <b>BOERNE, TX 78006</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>DENTIST</b>		<b>9</b> Employer (See instructions) <b>ALAMO PROSTODENTICS</b>	
Date <b>1/17/2025</b>	Full name of contributor <b>LYDIA M MRZLAK</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>6422 FALLS CHURCH</b> <b>SAN ANTONIO, TX 78247</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>PRINCIPAL</b>		Employer (See instructions) <b>SAISD</b>	
Date <b>1/18/2025</b>	Full name of contributor <b>ROBERT A BISHOP</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>200.00</b>
Contributor address; <b>15310 FALL PLACE DR</b> <b>SAN ANTONIO, TX 78247</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>RETIRER</b>		Employer (See instructions)	
Date <b>1/22/2025</b>	Full name of contributor <b>HELEN L PERRY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>737 W COLUMBUS</b> <b>GIDDINGS, TX 78942</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>RETIRER</b>		Employer (See instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>2 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/24/2025</b>	<b>5</b> Full name of contributor <b>ROBERT C LAYMON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>PO Box 2097 UNIVERSAL CITY, TX 78148-2097</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions)	
Date <b>1/30/2025</b>	Full name of contributor <b>JOHN BOULOBASIS</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>2251 TEXAS SPRINGS NEW BRAUNFELS, TX 78132</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>CEO</b>		Employer (See instructions) <b>NOBLE CAPITAL GROUP</b>	
Date <b>1/31/2025</b>	Full name of contributor <b>RICHARD AND LISA SHELDON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>4006 GREEN OAK DR WACO, TX 76710</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>OWNERS</b>		Employer (See instructions) <b>SHELDON REAL ESTATE</b>	
Date <b>1/31/2025</b>	Full name of contributor <b>MICHAEL ASMUS</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>25.00</b>
Contributor address; <b>4325 W ROME BLVD #1210 LAS VEGAS, NV 89084</b>			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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>3 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/2/2025</b>	<b>5</b> Full name of contributor <b>JENNIFER J MERY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>13727 PEBBLE OAK DR</b> <b>SAN ANTONIO, TX 78231</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>PRESIDENT</b>		<b>9</b> Employer (See instructions) <b>P3 IMAGING SOLUTIONS</b>	
Date <b>2/4/2025</b>	Full name of contributor <b>WILLIAM FAHEY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>1071 GLENWOOD LOOP</b> <b>BULVERDE, TX 78163</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>DEPUTY CHIEF INFO OFFICER</b>		Employer (See instructions) <b>BEXAR</b>	
Date <b>2/6/2025</b>	Full name of contributor <b>HEATHER YOST</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>50.00</b>
Contributor address; <b>7715 HARTMAN ST</b> <b>SAN ANTONIO, TX 78209</b>			City; State; Zip Code
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date <b>2/10/2025</b>	Full name of contributor <b>STANLEY BERNSTEIN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>250.00</b>
Contributor address; <b>2511 N ST MARY;S</b> <b>SAN ANTONIO, TX 78212</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>SELF</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>4 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/12/2025</b>	<b>5</b> Full name of contributor <b>CHARLES BARRET</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>14414 BLANCO RD #220</b> <b>SAN ANTONIO, TX 78216</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions)	
Date <b>2/12/2025</b>	Full name of contributor <b>ROBERT PRADO</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>250.00</b>
Contributor address; <b>2202 ESTATE GATE DR</b> <b>SAN ANTONIO, TX 78260</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>MANAGER</b>		Employer (See instructions) <b>IRISH LAKE MANAGEMENT</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>ARTHUR J ROSSI JR</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>750 RITTIMAN RD</b> <b>SAN ANTONIO, TX 78209</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>SELF</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>KATHERINE K McMILLAN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>8211 BROOKWOOD FOREST</b> <b>SAN ANTONIO, TX 78258</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>DOCTOR</b>		Employer (See instructions) <b>SELF</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>5 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/13/2025</b>	<b>5</b> Full name of contributor <b>BABS KRSZJZANIEK</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>12419 MAGNICO ST SAN ANTONIO, TX 78233</b>			City;      State;      Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>REALTOR</b>		<b>9</b> Employer (See instructions) <b>JB GOODWIN</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>JOHN KAST</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>400.00</b>
Contributor address; <b>14452 EDGEMONT SAN ANTONIO, TX 78217</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>LANDLORD</b>		Employer (See instructions) <b>SELF</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>ROBERT B MILLER III</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>150.00</b>
Contributor address; <b>16603 STALLION CROSS SAN ANTONIO, TX 78217</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>VICE PRESIDENT</b>		Employer (See instructions) <b>NA</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>REINETTE KING</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>5031 SIERRA MADRE DR SAN ANTONIO, TX 78233</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>FINANCIAL PROFESSIONAL</b>		Employer (See instructions) <b>SELF</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>6 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/13/2025</b>	<b>5</b> Full name of contributor <b>JAMES R PARKS</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>3219 TAVERN OAKS SAN ANTONIO, TX 78247</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions) <b>NA</b>	
<b>Date</b> <b>2/13/2025</b>	<b>Full name of contributor</b> <b>MYRTLE M PARKS</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>1000.00</b>
<b>Contributor address;</b> <b>3219 TAVERN OAKS SAN ANTONIO, TX 78247</b>			City; State; Zip Code
<b>Principal occupation / Job title (See instructions)</b> <b>PRESIDENT</b>		<b>Employer (See instructions)</b> <b>EDEN HOMEOWNERS ASSOC</b>	
<b>Date</b> <b>2/13/2025</b>	<b>Full name of contributor</b> <b>TONY SAUCEDO</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>1000.00</b>
<b>Contributor address;</b> <b>1314 RAIN SONG SAN ANTONIO, TX 78260</b>			City; State; Zip Code
<b>Principal occupation / Job title (See instructions)</b> <b>ENGINEER</b>		<b>Employer (See instructions)</b> <b>MENDEZ ENGR</b>	
<b>Date</b> <b>2/13/2025</b>	<b>Full name of contributor</b> <b>ROBERT E ANDERSON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Contributor address;</b> <b>16418 CALICO CREEK SAN ANTONIO, TX 78247</b>			City; State; Zip Code
<b>Principal occupation / Job title (See instructions)</b> <b>RETIRED</b>		<b>Employer (See instructions)</b> <b>NA</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>7 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/13/2025</b>	<b>5</b> Full name of contributor <b>MARK S GREMMER</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>200.00</b>
<b>6</b> Contributor address; <b>4006 KNOLLBEND SAN ANTONIO, TX 78247</b>			City;      State;      Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>DEPUTY DIRECTOR</b>		<b>9</b> Employer (See instructions) <b>FIRE AND POLICE PENSION FUND</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>KENNETH AND DEBBIE PERRY</b>		Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>659 S MADISON GIDDINGS, TX 78942</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>DIANA D RIDGEWAY</b>		Amount of contribution (\$) <b>75.00</b>
Contributor address; <b>2211 SHADY ROCK CIR SAN ANTONIO, TX 78231</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
Date <b>2/13/2025</b>	Full name of contributor <b>SANDRA MIDCAP</b>		Amount of contribution (\$) <b>1000.00</b>
Contributor address; <b>410 DEVINE RD SAN ANTONIO, TX 78212</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>8 of 14</b>	
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>2/13/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BEVERLY N KOTARA WIATREK</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>		
	<b>6</b> Contributor address; <b>3310 E SOUTHCROSS BLVD SAN ANTONIO, TX 78223</b>	City;	State;	Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>OPTOMETRIST</b>		<b>9</b> Employer (See instructions) <b>SELF</b>		
Date <b>2/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LINDA M ESTES</b>	Amount of contribution (\$) <b>100.00</b>		
	Contributor address; <b>15242 PRESTON PASS DR SAN ANTONIO, TX 78247</b>	City;	State;	Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>		
Date <b>2/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DONNA M DOZIER</b>	Amount of contribution (\$) <b>60.00</b>		
	Contributor address; <b>12326 LaBARCA SAN ANTONIO, TX 78223</b>	City;	State;	Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>		
Date <b>2/14/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CRAIG LEBLANC</b>	Amount of contribution (\$) <b>500.00</b>		
	Contributor address; <b>PO Box 311476 NEW BRAUNFELS, TX 78131</b>	City;	State;	Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</b>				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>9 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/14/2025</b>	<b>5</b> Full name of contributor <b>CATHY J SPADACCINI</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>23011 STARBRIGHT SAN ANTONIO, TX 78258</b>			City;      State;      Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions) <b>NA</b>	
Date <b>2/14/2025</b>	Full name of contributor <b>DEBORAH D FORESTSTELLO</b>		Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>14 MILDENHALL LANE SAN ANTONIO, TX 78218</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>SALES MANAGEMENT</b>		Employer (See instructions) <b>AMERICAN ROOFING</b>	
Date <b>2/14/2025</b>	Full name of contributor <b>MICHAEL T ANDERSON</b>		Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>2911 HEDGEWYCK ST SAN ANTONIO, TX 78217</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
Date <b>2/14/2025</b>	Full name of contributor <b>ANTONINA DANOFF</b>		Amount of contribution (\$) <b>200.00</b>
Contributor address; <b>20935 CAPE CORAL SAN ANTONIO, TX 78259</b>			City;      State;      Zip Code
Principal occupation / Job title (See instructions) <b>WRITER</b>		Employer (See instructions) <b>SELF</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>10 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/16/2025</b>	<b>5</b> Full name of contributor <b>LUCILLE PAONE</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>13902 GSL DR SAN ANTONIO, TX 78253</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions) <b>NA</b>	
Date <b>2/17/2025</b>	Full name of contributor <b>JAMES CASEY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>18715 CROSS PRAIRIE DR SAN ANTONIO, TX 78258</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>SUPERVISORY</b>		Employer (See instructions) <b>ENGINEER</b>	
Date <b>2/19/2025</b>	Full name of contributor <b>JOE NIX</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>12518 PRIMA VISTA DR SAN ANTONIO, TX 78233</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>VOLUNTEER</b>	
Date <b>2/21/2025</b>	Full name of contributor <b>JILL SANDS</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; <b>415 MILAM SAN ANTONIO, TX 78202</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>OWNER</b>		Employer (See instructions) <b>MERCH MEDIA</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>11 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/25/2025</b>	<b>5</b> Full name of contributor <b>CHRIS KELLY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>6</b> Contributor address; <b>1821 N OLIVE ST SAN ANTONIO, TX 78208</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>SELF</b>		<b>9</b> Employer (See instructions) <b>SELF</b>	
Date <b>2/25/2025</b>	Full name of contributor <b>DAVID CHRISTIAN</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
Contributor address; <b>1800 McCULLOUGH SAN ANTONIO, TX 78212</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>SELF</b>	
Date <b>2/25/2025</b>	Full name of contributor <b>MICHAEL NICKELL</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>125.00</b>
Contributor address; <b>16515 CALICO CREEK SAN ANTONIO, TX 78247</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>POOL BOY</b>		Employer (See instructions) <b>STOGIE OAKS RESORT</b>	
Date <b>2/25/2025</b>	Full name of contributor <b>CHARLES F DIBRILL JR</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>200.00</b>
Contributor address; <b>14118 BUTLER BEND SAN ANTONIO, TX 78232-5477</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>12 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/27/2025</b>	<b>5</b> Full name of contributor <b>BENJY NIXON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>500.00</b>
	<b>6</b> Contributor address; <b>4047 STAHL RD</b> <b>SAN ANTONIO, TX 78217</b>	City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See instructions) <b>RETIRED</b>		<b>9</b> Employer (See instructions) <b>NA</b>	
Date <b>2/28/2025</b>	Full name of contributor <b>KENDELL MUENZLER</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>50.00</b>
	Contributor address; <b>303 SINCLAIR RD</b> <b>SAN ANTONIO, TX 78222</b>	City; State; Zip Code	
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
Date <b>3/1/2025</b>	Full name of contributor <b>ROBERT G GARGA</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>500.00</b>
	Contributor address; <b>1100 NW LOOP 410 #700</b> <b>SAN ANTONIO, TX 78213</b>	City; State; Zip Code	
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>SELF</b>	
Date <b>3/10/2025</b>	Full name of contributor <b>MICHAEL JOUFFRAY</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>1000.00</b>
	Contributor address; <b>2015 OAK VISTA ST</b> <b>SAN ANTONIO, TX 78232</b>	City; State; Zip Code	
Principal occupation / Job title (See instructions) <b>RETIRED</b>		Employer (See instructions) <b>NA</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</b>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule A1: <b>13 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/12/2025</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#_____) <b>BEVERLY N KOTARA WIATREK</b>	<b>6</b> Contributor address; City; State; Zip Code <b>3310 E SOUTHCROSS BLVD SAN ANTONIO, TX 78223</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>OPTOMETRIST</b>		<b>9</b> Employer (See instructions) <b>SELF</b>	
<b>Date</b> <b>3/13/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#_____) <b>SAM J GUIDO</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>	
	Contributor address; City; State; Zip Code <b>4530 BLACK OAK WOODS SAN ANTONIO, TX 78249</b>		
<b>Principal occupation / Job title (See instructions)</b> <b>RETIRED</b>		<b>Employer (See instructions)</b> <b>NA</b>	
<b>Date</b> <b>3/13/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#_____) <b>HOWARD L NICHOL</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>	
	Contributor address; City; State; Zip Code <b>414 LAZY BLF SAN ANTONIO, TX 78216-1616</b>		
<b>Principal occupation / Job title (See instructions)</b> <b>RETIRED</b>		<b>Employer (See instructions)</b> <b>NA</b>	
<b>Date</b> <b>3/14/2025</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#_____) <b>BRIAN OLSON</b>	<b>Amount of contribution (\$)</b> <b>250.00</b>	
	Contributor address; City; State; Zip Code <b>432 STAGECOACH TRAI; SAN MARCOS, TX 78666</b>		
<b>Principal occupation / Job title (See instructions)</b> <b>OWNER</b>		<b>Employer (See instructions)</b> <b>SELF</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A1: <b>14 of 14</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/16/2025</b>	<b>5</b> Full name of contributor <b>CHESTER J DRASH</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>6</b> Contributor address; <b>139 EL CERRITO CIRCLE</b> <b>HOLLYWOOD PARK, TX 78232</b>			City; State; Zip Code
<b>8</b> Principal occupation / Job title (See instructions) <b>SENIOR VICE PRESIDENT</b>		<b>9</b> Employer (See instructions) <b>TTL, INC</b>	
Date <b>3/22/2025</b>	Full name of contributor <b>RAYMOND C CACACE</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>350.00</b>
Contributor address; <b>3511 TRAILWAY PARK</b> <b>San Antonio, TX 78247</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>HR</b>		Employer (See instructions) <b>ENDEAVOR</b>	
Date <b>3/24/2025</b>	Full name of contributor <b>STEPHEN POPPOON</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <b>200.00</b>
Contributor address; <b>145 GRAND OAK ST</b> <b>HOLLYWOOD PARK, TX 78232</b>			City; State; Zip Code
Principal occupation / Job title (See instructions) <b>ATTORNEY</b>		Employer (See instructions) <b>SELF</b>	
Date	Full name of contributor	<input type="checkbox"/> 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

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A2: <b>1 of 1</b></p>
<p><b>2</b> FILER NAME <b>CLAYTON H PERRY</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$ 0</b></p>
<p><b>5</b> Date <b>2/3/2025</b></p>	<p><b>6</b> Full name of contributor <b>Dennis Casillas</b></p> <p><b>7</b> Contributor address;      City;      State;      Zip Code <b>8634 Quail Whisper San Antonio, TX 78250</b></p>	<p><b>8</b> Amount of Contribution \$ <b>500.00</b></p> <p><b>9</b> In-kind contribution description <b>Sausages for San Antonio Rodeo BBQ Cookoff</b></p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) <b>Retired</b></p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) <b>Retired</b></p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date Full name of contributor Contributor address;      City;      State;      Zip Code</p>		<p>Amount of Contribution \$ In-kind contribution description</p> <p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule B: <b>1 of 1</b></p>
<p><b>2</b> FILER NAME <b>CLAYTON H PERRY</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED PLEDGES</p>		<p><b>\$ 0</b></p>
<p><b>5</b> Date</p>	<p><b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p><b>8</b> Amount of Pledge \$ . . . . . <b>9</b> In-kind contribution description</p>
	<p><b>7</b> Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p><b>10</b> Principal occupation / Job title (See instructions)</p>		<p><b>11</b> Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p>	<p>Amount of Pledge \$ . . . . . In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T</p>
<p>Principal occupation / Job title (See instructions)</p>		<p>Employer (See instructions)</p>

**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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan <b>3/12/2025</b>	<b>7</b> Name of lender <b>CLAYTON H PERRY</b>	<b>9</b> Loan Amount (\$) <b>50000.00</b>
<b>6</b> Is lender a financial institution?  <b>N</b>	<b>8</b> Lender address;      City;      State;      Zip Code  <b>PO Box 700123</b> <b>SAN ANTONIO TX 78270</b>	<b>10</b> Interest rate <b>0.000000</b>
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)  <b>retired</b>		<b>13</b> Employer (See instructions)  <b>retired</b>
<b>14</b> Description of Collateral  <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address;      City;      State;      Zip Code	<b>19</b> Amount Guaranteed (\$)  <b>0.00</b>
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
<b>Date of loan</b> <b>3/24/2025</b>	<b>Name of lender</b> <b>CLAYTON H PERRY</b>	<b>Loan Amount (\$)</b> <b>50000.00</b>
<b>Is lender a financial institution?</b>  <b>N</b>	<b>Lender address;</b> City;      State;      Zip Code  <b>PO Box 700123</b> <b>SAN ANTONIO TX 78270</b>	<b>Interest rate</b>  <b>0.000000</b>
		<b>Maturity date</b>
Principal occupation / Job title (See instructions)  <b>RETIRE</b>		Employer (See instructions)  <b>NA</b>
Description of Collateral  <input type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address;      City;      State;      Zip Code	Amount Guaranteed (\$)  <b>0.00</b>
Principal occupation (See instructions)		Employer (See instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>1 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/1/2025</b>	5 Payee name <b>Google Workspace</b>		
6 Amount (\$) <b>23.80</b>	7 Payee address; <b>PO Box 1</b> <b>San Antonio, TX 78270</b>	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Facebook</b>	
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/1/2025</b>	Payee name <b>Google Workspace</b>		
Amount (\$) <b>23.80</b>	Payee address; <b>PO Box 1</b> <b>San Antonio, TX 78270</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>FB</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/3/2025</b>	Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>129.47</b>	Payee address; <b>16522 Calico Creek Dr</b> <b>San Antonio, TX 78247</b>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>2 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/9/2025</b>	5 Payee name <b>Clayton H Perry</b>		
6 Amount (\$) <b>144.00</b>	7 Payee address; <b>16522 Calico Creek Dr San Antonio, TX 78247</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website</b>	
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/10/2025</b>	Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>21.28</b>	Payee address; <b>16522 Calico Creek Dr San Antonio, TX 78247</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/13/2025</b>	Payee name <b>Everest Marketing</b>		
Amount (\$) <b>2295.00</b>	Payee address; <b>PO Box 1 San Antonio, TX 78270</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Consulting</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>3 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/13/2025</b>	5 Payee name <b>Clayton H Perry</b>		
6 Amount (\$) <b>2500.00</b>	7 Payee address; <b>16522 Calico Creek Dr San Antonio, TX 78247</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>	
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/22/2025</b>	Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>925.00</b>	Payee address; <b>2080 Randolph Cir NW Kennesaw, GA 30144-San</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	Office held
Date <b>1/22/2025</b>	Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>1000.00</b>	Payee address; <b>18203 Rim Drive San Antonio, TX 78257-San</b>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Consulting</b>	
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>4 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/22/2025</b>	5 Payee name <b>P3 Imaging</b>	
6 Amount (\$) <b>449.24</b>	7 Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>1/28/2025</b>	Payee name <b>Clayton H Perry</b>	
Amount (\$) <b>144.00</b>	Payee address; City; State; Zip Code <b>14040 Nacogdoches Sna Antonio, TX 78247-San</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>tshirts check 1102</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>2/3/2025</b>	Payee name <b>Arthur Macias</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>13114 Lookout San Antonio, TX 78233-San</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertise at BBQ Cookoff check 1100</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>

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# 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>5 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/5/2025</b>	5 Payee name <b>Clayton H Perry</b>	
6 Amount (\$) <b>5886.09</b>	7 Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216-San</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b> Office held
Date <b>3/5/2025</b>	Payee name <b>Clayton H Perry</b>	
Amount (\$) <b>5125.64</b>	Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216-San</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b> Office held
Date <b>3/17/2025</b>	Payee name <b>COSA</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>1 Military Plaza San Antonio, TX 78247</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing Fee check 1105</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b> Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <b>6 of 6</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/2025</b>	5 Payee name <b>Clayton H Perry</b>	
6 Amount (\$) <b>1014.84</b>	7 Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216-San</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs check 1107</b>
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>3/20/2025</b>	Payee name <b>Clayton H Perry</b>	
Amount (\$) <b>3245.34</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216-San</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>mailer check 1109</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>3/24/2025</b>	Payee name <b>STRIPE</b>	
Amount (\$) <b>313.73</b>	Payee address; City; State; Zip Code <b>354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>STRIPE FEES</b>
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

## 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2: 1 of 1	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input 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)	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input 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)	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

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule F3: <b>1 of 1</b></p>	
<p><b>2</b> FILER NAME <b>CLAYTON H PERRY</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> Date</p>	<p><b>5</b> Name of person from whom investment is purchased</p> <p>.....</p> <p><b>6</b> Address of person from whom investment is purchased;      City;      State;      Zip Code</p>		
	<p><b>7</b> Description of investment</p>		
	<p><b>8</b> Amount of investment (\$)</p>		
<p>Date</p>	<p>Name of person from whom investment is purchased</p> <p>.....</p> <p>Address of person from whom investment is purchased;      City;      State;      Zip Code</p>		
	<p>Description of investment</p>		
	<p>Amount of investment (\$)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>			

# 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>1 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date <b>1/7/2025</b>	6 Payee name <b>Everest Consulting</b>	
7 Amount (\$) <b>2500.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257</b>	
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>1/21/2025</b>		
Payee name <b>Everest Consulting</b>		
Amount (\$) <b>1250.00</b>	Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257</b>	
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) <b>Consulting Expense</b>	Description <b>Consulting</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>

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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>2 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>1/27/2025</b>	6 Payee name <b>Unison</b>		
7 Amount (\$) <b>144.00</b>	8 Payee address; City; State; Zip Code <b>14040 Nacogdoches Sna Antonio, TX 78247</b>		
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) <b>Advertising Expense</b>	(b) Description <b>tshirts</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>1/29/2025</b> Payee name <b>San Antonio A&amp;M Club</b>			
Amount (\$) Payee address; City; State; Zip Code <b>200.00 6205 West Ave Castle Hills, TX 78245</b>			
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) <b>Advertising Expense</b>		Description <b>Ad in newsletter</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>3 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>2/3/2025</b>	6 Payee name <b>Google Workspace</b>	
7 Amount (\$) <b>23.03</b>	8 Payee address; City; State; Zip Code <b>1 Google San Antonio, TX 78216</b>	
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) <b>Advertising Expense</b>	(b) Description <b>website</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Office held		
Date <b>2/3/2025</b>	Payee name <b>Morgan Creative</b>	
Amount (\$) <b>1295.00</b>	Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144</b>	
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) <b>Advertising Expense</b>	Description <b>Social media</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>4 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>2/3/2025</b>	6 Payee name <b>Google Workspace</b>	
7 Amount (\$) <b>25.15</b>	8 Payee address; City; State; Zip Code <b>1 Google San Antonio, TX 78216</b>	
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) <b>Advertising Expense</b>	(b) Description <b>Website</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Date <b>2/10/2025</b>		
Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>21.28</b>	Payee address; City; State; Zip Code <b>1 Gpt Chat, TX 78247</b>	
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) <b>Advertising Expense</b>	Description <b>FB</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>

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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>5 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>2/13/2025</b>	6 Payee name <b>P3 Imaging</b>		
7 Amount (\$) <b>63.87</b>	8 Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216</b>		
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) <b>Advertising Expense</b>	(b) Description <b>Business cards</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>2/14/2025</b>	Payee name <b>Barn Door Rest.</b>		
Amount (\$) <b>390.25</b>	Payee address; City; State; Zip Code <b>8400 N New Braunfels San Antonio, TX 78209</b>		
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) <b>Event Expense</b>		Description <b>Kick Off gathering</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>6 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>2/18/2025</b>	6 Payee name <b>Everest Consulting</b>		
7 Amount (\$) <b>1750.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257</b>		
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>2/18/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>2500.00</b>			
Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257-San</b>			
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) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>7 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>2/21/2025</b>	6 Payee name <b>P3 Imaging</b>		
7 Amount (\$) <b>1014.84</b>	8 Payee address; City; State; Zip Code <b>1211 Sahara San Antonio, TX 78216</b>		
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) <b>Advertising Expense</b>	(b) Description <b>Signs</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>2/24/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>93.33</b>			
Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247-San</b>			
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) <b>Advertising Expense</b>		Description <b>Auto texting</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>8 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>2/28/2025</b>	6 Payee name <b>Morgan Creative</b>		
7 Amount (\$) <b>1250.00</b>	8 Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144</b>		
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) <b>Advertising Expense</b>	(b) Description <b>Social media</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>2/28/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>250.00</b>			
Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144-San</b>			
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) <b>Advertising Expense</b>		Description <b>Website</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>9 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/3/2025</b>	6 Payee name <b>Google Workspace</b>	
7 Amount (\$) <b>23.03</b>	8 Payee address; City; State; Zip Code <b>1 Google San Antonio, TX 78216</b>	
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) <b>Advertising Expense</b>	(b) Description <b>Social media</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Date <b>3/3/2025</b>		
Payee name <b>Google Workspace</b>		
Amount (\$) <b>25.15</b>		
Payee address; City; State; Zip Code <b>1 Google San Antonio, TX 78216</b>		
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) <b>Advertising Expense</b>	Description <b>Website</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>

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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>10 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>3/3/2025</b>	6 Payee name <b>Everest Consulting</b>		
7 Amount (\$) <b>2500.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257</b>		
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>3/6/2025</b>	Payee name <b>Leslee Owen</b>		
Amount (\$) <b>628.09</b>	Payee address; City; State; Zip Code <b>1722 Braeburn San Antonio, TX 78258</b>		
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) <b>Advertising Expense</b>		Description <b>Website</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>11 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>3/6/2025</b>	6 Payee name <b>Clayton H Perry</b>		
7 Amount (\$) <b>78.29</b>	8 Payee address; City; State; Zip Code <b>17700 281 N San Antonio, TX 78232-San</b>		
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) <b>Printing Expense</b>	(b) Description <b>printer ink</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>3/7/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>500.00</b>			
Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144-San</b>			
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) <b>Advertising Expense</b>		Description <b>Social Media</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>12 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/10/2025</b>	6 Payee name <b>Facebook</b>	
7 Amount (\$) <b>5.00</b>	8 Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247</b>	
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) <b>Advertising Expense</b>	(b) Description <b>FB</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Date <b>3/11/2025</b>		
Payee name <b>Facebook</b>		
Amount (\$) <b>12.99</b>	Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247</b>	
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) <b>Advertising Expense</b>	Description <b>FB</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>

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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>13 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>3/11/2025</b>	6 Payee name <b>Clayton H Perry</b>		
7 Amount (\$) <b>21.28</b>	8 Payee address; City; State; Zip Code <b>1 Gpt Chat, TX 78247-San</b>		
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) <b>Advertising Expense</b>	(b) Description <b>Social Media</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>3/12/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>18.00</b>	Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247-San</b>		
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) <b>Advertising Expense</b>		Description <b>FB</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>14 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/12/2025</b>	6 Payee name <b>Clayton H Perry</b>	
7 Amount (\$) <b>600.00</b>	8 Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144-San</b>	
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) <b>Advertising Expense</b>	(b) Description <b>Social Media</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Date <b>3/12/2025</b>		
Payee name <b>Morgan Creative</b>		
Amount (\$) <b>250.00</b>		
Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144</b>		
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) <b>Advertising Expense</b>	Description <b>Social Media</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>

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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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>15 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/14/2025</b>	6 Payee name <b>Clayton H Perry</b>	
7 Amount (\$) <b>2400.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257-San</b>	
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>
Date <b>3/17/2025</b>		
Payee name <b>Clayton H Perry</b>		
Amount (\$) <b>22.00</b>		
Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247-San</b>		
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) <b>Advertising Expense</b>	Description <b>Social media</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>16 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>3/17/2025</b>	6 Payee name <b>Clayton H Perry</b>		
7 Amount (\$) <b>3000.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257-San</b>		
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>3/20/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>3000.00</b>			
Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257-San</b>			
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) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>17 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>3/21/2025</b>	6 Payee name <b>Clayton H Perry</b>	
7 Amount (\$) <b>2295.00</b>	8 Payee address; City; State; Zip Code <b>18203 Rim Drive San Antonio, TX 78257-San</b>	
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) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>
	(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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>
Date <b>3/24/2025</b>		
Payee name <b>Morgan Creative</b>		
Amount (\$) <b>1500.00</b>	Payee address; City; State; Zip Code <b>2080 Randolph Cir NW Kennesaw, GA 30144</b>	
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) <b>Advertising Expense</b>	Description <b>Social media</b>
	<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 <b>Clayton Perry</b>	Office sought <b>Mayor</b>

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>18 of 18</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <b>3/24/2025</b>	6 Payee name <b>Alamo Mailing</b>		
7 Amount (\$) <b>9083.47</b>	8 Payee address; City; State; Zip Code <b>13114 Lookout San Antonio, TX 78233</b>		
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) <b>Advertising Expense</b>	(b) Description <b>Mailer</b>	
	(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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held
Date <b>3/24/2025</b>			
Payee name <b>Clayton H Perry</b>			
Amount (\$) <b>93.33</b>			
Payee address; City; State; Zip Code <b>16522 Calico Creek Dr San Antonio, TX 78247-San</b>			
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) <b>Advertising Expense</b>		Description <b>texting</b>
	<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 <b>Clayton Perry</b>		Office sought <b>Mayor</b>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>CLAYTON H PERRY</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date	<b>5</b> Payee Name			
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> 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			
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$)	Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 H: <b>1 of 1</b>	2 FILER NAME <b>CLAYTON H PERRY</b>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 <b>PURPOSE OF EXPENDITURE</b>	(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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

## SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: <b>1 of 1</b></p>
<p><b>2 FILER NAME</b> <b>CLAYTON H PERRY</b></p>		<p><b>3 Filer ID (Ethics Commission Filers)</b></p>
<p><b>4 Date</b></p>	<p><b>5 Name of person from whom amount is received</b> .....</p> <p><b>6 Address of person from whom amount is received; City; State; Zip Code</b> .....</p>	<p><b>8 Amount (\$)</b></p>
	<p><b>7 Purpose for which amount is received</b></p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	
<p>Date</p>	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	<p>Amount (\$)</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received .....</p> <p>Address of person from whom amount is received; City; State; Zip Code</p>	

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

## SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule T: <b>1 of 1</b></p>												
<p><b>2</b> FILER NAME <b>CLAYTON H PERRY</b></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>												
<p><b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p><b>5</b> Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p><b>6</b> Dates of travel</p>	<p><b>7</b> Name of person(s) traveling</p>													
	<p><b>8</b> Departure city or name of departure location</p>													
	<p><b>9</b> Destination city or name of destination location</p>													
<p><b>10</b> Means of transportation</p>	<p><b>11</b> Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>														
<p>Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>													
	<p>Departure city or name of departure location</p>													
	<p>Destination city or name of destination location</p>													
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>													
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>														

# 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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

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Signature of Officeholder