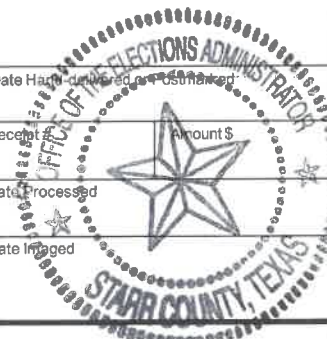
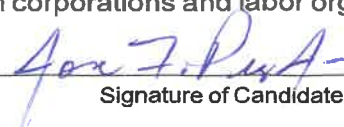


**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

<b>1</b> CANDIDATE NAME	<b>2</b> FILER ID#	<b>3</b> Total pages filed:
-------------------------	--------------------	-----------------------------

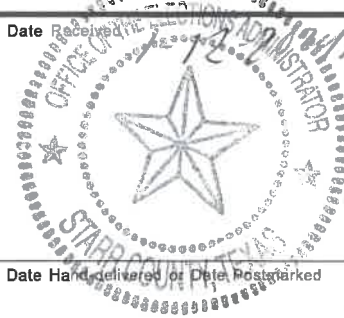
**See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information only. Do not provide information previously disclosed.**

<b>4</b> CANDIDATE NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:15%; border: 1px solid black;">MS / MRS / MR <input checked="" type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">FIRST Jose</td> <td style="width:10%; border: 1px solid black;">MI F</td> </tr> <tr> <td style="border: 1px solid black;">NICKNAME "kiko"</td> <td style="border: 1px solid black;">LAST Perez</td> <td colspan="2" style="border: 1px solid black;">SUFFIX JR</td> </tr> </table>	<input type="checkbox"/> NEW	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Jose	MI F	NICKNAME "kiko"	LAST Perez	SUFFIX JR		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 5px;">Date Received</td> <td style="padding: 5px;">11-28-2023</td> </tr> <tr> <td style="padding: 5px;">Date Hand-duplicated or re-stamped</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Receipt Amount \$</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date Processed</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Date Imaged</td> <td style="padding: 5px;"></td> </tr> </table>	OFFICE USE ONLY		Date Received	11-28-2023	Date Hand-duplicated or re-stamped		Receipt Amount \$		Date Processed		Date Imaged	
<input type="checkbox"/> NEW	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Jose	MI F																			
NICKNAME "kiko"	LAST Perez	SUFFIX JR																				
OFFICE USE ONLY																						
Date Received	11-28-2023																					
Date Hand-duplicated or re-stamped																						
Receipt Amount \$																						
Date Processed																						
Date Imaged																						
<b>5</b> CANDIDATE MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:15%; border: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:15%; border: 1px solid black;">APT / SUITE #;</td> <td style="width:15%; border: 1px solid black;">CITY;</td> <td style="width:15%; border: 1px solid black;">STATE;</td> <td style="width:15%; border: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="6" style="padding: 5px; text-align: center;">6 Manuel Perez St Roma TX 78584</td> </tr> </table>	<input type="checkbox"/> NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6 Manuel Perez St Roma TX 78584														
<input type="checkbox"/> NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
6 Manuel Perez St Roma TX 78584																						
<b>6</b> CANDIDATE PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:20%; border: 1px solid black;">AREA CODE</td> <td style="width:40%; border: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border: 1px solid black;">EXTENSION</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: center;">(956) 560-0630</td> </tr> </table>	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION	(956) 560-0630																
<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION																			
(956) 560-0630																						
<b>7</b> OFFICE HELD (if any)	<input type="checkbox"/> NEW County Commissioner																					
<b>8</b> OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW County Commissioner																					
<b>9</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:15%; border: 1px solid black;">MS / MRS / MR <input checked="" type="checkbox"/></td> <td style="width:20%; border: 1px solid black;">FIRST Ida</td> <td style="width:10%; border: 1px solid black;">MI Loa</td> <td style="width:15%; border: 1px solid black;">NICKNAME</td> <td style="width:15%; border: 1px solid black;">LAST Perez</td> <td style="width:15%; border: 1px solid black;">SUFFIX</td> </tr> </table>	<input type="checkbox"/> NEW	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Ida	MI Loa	NICKNAME	LAST Perez	SUFFIX														
<input type="checkbox"/> NEW	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Ida	MI Loa	NICKNAME	LAST Perez	SUFFIX																
<b>10</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:15%; border: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; border: 1px solid black;">APT / SUITE #;</td> <td style="width:15%; border: 1px solid black;">CITY;</td> <td style="width:15%; border: 1px solid black;">STATE;</td> <td style="width:15%; border: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="6" style="padding: 5px; text-align: center;">8 Manuel Perez St Roma Tx 78584</td> </tr> </table>	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8 Manuel Perez St Roma Tx 78584														
<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
8 Manuel Perez St Roma Tx 78584																						
<b>11</b> CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;"><input type="checkbox"/> NEW</td> <td style="width:20%; border: 1px solid black;">AREA CODE</td> <td style="width:40%; border: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border: 1px solid black;">EXTENSION</td> </tr> <tr> <td colspan="4" style="padding: 5px; text-align: center;">(956) 257-6954</td> </tr> </table>	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION	(956) 257-6954																
<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION																			
(956) 257-6954																						
<b>12</b> CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">               _____              Signature of Candidate         </p> <p style="text-align: right;">             _____              11/28/23              Date Signed         </p>																					

**GO TO PAGE 2**

# 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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Jose F NICKNAME LAST SUFFIX Kiko Perez Jr	<div style="border: 2px solid black; padding: 10px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received: _____</p>  <p>Date Hand Delivered or Date Postmarked: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6 Manuel Perez St Roma Tx 78584								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 560-0630								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Ida L NICKNAME LAST SUFFIX Perez								
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8 Manuel Perez St Roma Tx 78584								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 257-6954								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month / Day / Year    THROUGH    Month / Day / Year								
11 ELECTION	ELECTION DATE Month / Day / Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) County Commissioner	13 OFFICE SOUGHT (if known) County Commissioner							
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

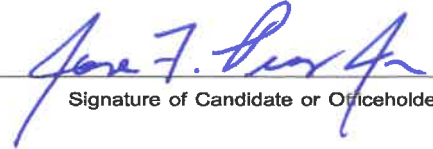
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

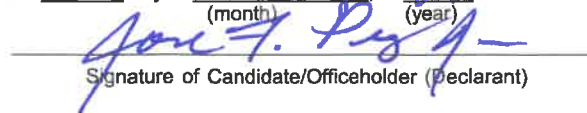
OR

(2) Unsworn Declaration

My name is Jose Francisco Perez Jr, and my date of birth is 02/13/1974.

My address is Le Manuel Perez St, Roma, Tx, 78584, USA.  
(street) (city) (state) (zip code) (country)

Executed in Starr County, State of Texas, on the \_\_\_\_\_ day of January, 20 24.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00