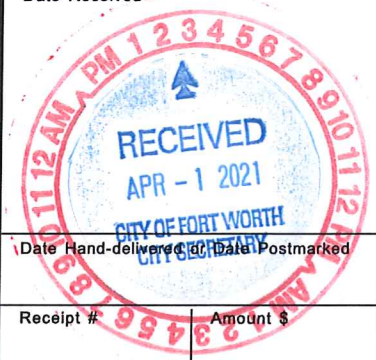


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD  
CITY SECRETARY

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: <div style="font-size: 2em; font-weight: bold;">17</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Fernando	MI J	<b>OFFICE USE ONLY</b>  Date Received 
	NICKNAME	LAST Peralta-Berrios	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3812 Gordon Ave Ft Worth TX			Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
	AREA CODE PHONE NUMBER EXTENSION (817) 779-0799			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Patrick	MI	Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST Lai	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5216 Cross Plains Ct Ft Worth TX 76126			AREA CODE PHONE NUMBER EXTENSION (817) 647-5908
	AREA CODE PHONE NUMBER EXTENSION (817) 647-5908			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 1 / 14 / 21    3 / 22 / 21			
	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City of Fort Worth District 9 Council
	OFFICE HELD (if any)			
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

Fernando Peralta-Berrios

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)

\$ 1,001.91

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,647.01

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 230.91

4. TOTAL POLITICAL EXPENDITURES

\$ 7,342.32

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 3,304.69

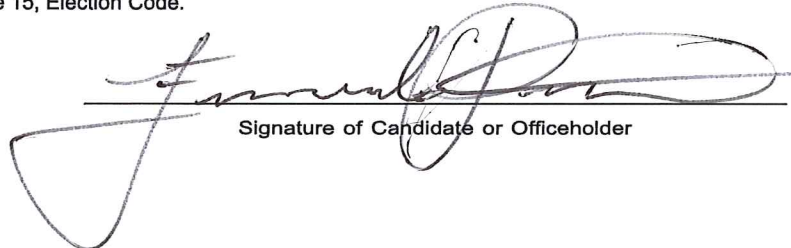
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1,060

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 Fernando J. Peralta-Berrios and my date of birth is 5/19/1992.

My address is 3812 Gordon ave, Ft Worth TX, 76110, USA.  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15 day of April, 20 21.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Fernando Peralta-Benavides*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8625.10</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ <i>1060</i>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7111.41</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Fernando Penaltas Berrios</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carrie Daniel</b>	7 Amount of contribution (\$) <b>\$100</b>
	6 Contributor address; City; State; Zip Code <b>4621 Bonnell Ave Ft. Worth TX 76107</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chandra Riccetti &amp; Richard Riccetti</b>	Amount of contribution (\$) <b>\$104.15</b>
	Contributor address; City; State; Zip Code <b>715 Hawthorne Ave Apt 4 Ft Worth TX 76110</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/2/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Benda</b>	Amount of contribution (\$) <b>\$104.15</b>
	Contributor address; City; State; Zip Code <b>608 Bent Pony North Trail Ft Worth TX 76108</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Emily Gebhardt-Wueste</b>	Amount of contribution (\$) <b>\$100</b>
	Contributor address; City; State; Zip Code <b>1709 S. Adams St Ft. Worth TX 76110</b>	
Principal occupation / Job title (See Instructions)		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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Fernando Penalta - Berrios

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/21

5 Full name of contributor

Sara Peneda

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

~~\$250~~ \$250

6 Contributor address;

City;

State;

Zip Code

2321 Ryan Ave

Ft Worth

TX

76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/14/21

Full name of contributor

Sara Peneda

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

2321 Ryan Ave

Ft Worth

TX

76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/21

Full name of contributor

Phillip Breedlove

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

104.15

Contributor address;

City;

State;

Zip Code

3812 Livingston Ave

Ft Worth

TX

76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/21

Full name of contributor

Lance Marshall

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

4809 Aidan Ct

Ft Worth

TX

76244

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fernando Peralta-Berrios		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Emily Pardo 6 Contributor address; City; State; Zip Code 3804 Overton Park & West Ft Worth TX 7609	7 Amount of contribution (\$) 104.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emily Spence Contributor address; City; State; Zip Code 4000 Huber A #470 Ft Worth TX 76107	Amount of contribution (\$) 104.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Svensen Contributor address; City; State; Zip Code 2451 W. Wiskin St. Chicago IL 60625	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank & Lynn Ballester Contributor address; City; State; Zip Code 7528 Westwood Court Ft Worth TX 76182	Amount of contribution (\$) 150
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fernando Parilla-Berrubis		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/21	5 Full name of contributor Anne Cassidy <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 104.15
6 Contributor address; City; State; Zip Code 5258 Pelham Circle Memphis TN 38120		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/18/21	Full name of contributor Margaret Duffy <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 154 Rachael St. Waterloo IA 50701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/18/21	Full name of contributor Brigid & Bob Nemmers <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 156.07
Contributor address; City; State; Zip Code 3541 Inverness Rd. Waterloo IA 50701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/21	Full name of contributor Pamela Lanero <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1500
Contributor address; City; State; Zip Code PO Box 181 Ft Worth TX 76101		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Fernando Peralta-Berrios		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/21	5 Full name of contributor Sciosia Flowers 6 Contributor address; City; State; Zip Code 6731 Trail Cliff Way Ft Worth TX 76132	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/21	Full name of contributor Flück Logan Contributor address; City; State; Zip Code 1337 Storm Dr Bedford TX 76022	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/21	Full name of contributor Alex Lipari Contributor address; City; State; Zip Code 4508 Morris St Ft Worth TX 76103	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/21	Full name of contributor John Corcoran Contributor address; City; State; Zip Code 2220 Hawthorne Ave Ft Worth TX 76110	Amount of contribution (\$) \$250
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

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <b>10</b>	
2 FILER NAME <b>Fernando Penella-Berrios</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/20/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>			7 Amount of contribution (\$)  <b>21.08</b>	
	6 Contributor address; City; State; Zip Code <b>1608 Lake Shore Dr Ft Worth TX 76103</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>1/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>			Amount of contribution (\$)  <b>21.08</b>	
	Contributor address; City; State; Zip Code <b>1608 Lake Shore Dr Ft Worth TX 76103</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>2/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>			Amount of contribution (\$)  <b>21.08</b>	
	Contributor address; City; State; Zip Code <b>1608 Lake Shore Dr Ft Worth TX 76103</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>2/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>			Amount of contribution (\$)  <b>21.08</b>	
	Contributor address; City; State; Zip Code <b>1608 Lake Shore Dr Ft Worth TX 76103</b>				
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Fernando Yarralza - Berrios</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/17/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>	7 Amount of contribution (\$)  <b>21.03</b>
	6 Contributor address; City; State; Zip Code <b>1608 Lake Shore Ft Worth TX 76103</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>	Amount of contribution (\$)  <b>21.03</b>
	Contributor address; City; State; Zip Code <b>1608 Lake Shore FT Worth TX 76103</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>	Amount of contribution (\$)  <b>21.03</b>
	Contributor address; City; State; Zip Code <b>1608 Lake Shore FT Worth TX 76103</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Scheffler</b>	Amount of contribution (\$)  <b>21.03</b>
	Contributor address; City; State; Zip Code <b>1608 Lake Shore FT Worth TX 76103</b>	
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Fernando Peralta Campaign</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Francisco Hernandez</b> <hr/> 6 Contributor address; City; State; Zip Code <b>800 W. Weatherford St. Ft Worth TX 76102</b>	7 Amount of contribution (\$) <b>1000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Collins</b> <hr/> Contributor address; City; State; Zip Code <b>861 Wildwood Ln Grapevine TX 76051</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Delean Carnian Committee</b> <hr/> Contributor address; City; State; Zip Code <b>Po Box 470743 FT Worth TX 76147</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anne Colburn &amp; Michael Kelly</b> <hr/> Contributor address; City; State; Zip Code <b>3334 Blackburn St Dallas TX 75204</b>	Amount of contribution (\$) <b>2500</b>
Principal occupation / Job title (See Instructions)		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Fernando Peralta-Berrios</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie Schaffler</b>	7 Amount of contribution (\$) <b>21.03</b>
6 Contributor address; City; State; Zip Code <b>1608 Lake Shore Ft Worth TX 76103</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Avila</b>	Amount of contribution (\$) <b>1,000</b>
Contributor address; City; State; Zip Code <b>1936 Warner Rd Ft Worth TX 76110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10</b>
2 FILER NAME <b>Fernando Perella-Barrios</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/19/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melva Jones</b> <hr/> 6 Contributor address; City; State; Zip Code <b>7275 Yolanda Dr. Fort Worth, TX 76112</b>	7 Amount of contribution (\$)  <b>\$130</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>
2 FILER NAME <div style="font-family: cursive;">Fernando Benita - Bernies</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,060
5 Date of loan <div style="font-family: cursive;">1/16/21</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <div style="font-family: cursive;">Fernando Benita - Bernies</div>	9 Loan Amount (\$) <div style="font-family: cursive;">1,000</div>
6 Is lender a financial Institution? <div style="font-family: cursive;">Y <input checked="" type="radio"/> N</div>	8 Lender address; City; State; Zip Code <div style="font-family: cursive;">3812 Gonder Ave Ft Worth TX 76110</div>	10 Interest rate <div style="font-family: cursive;">0%</div>
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <div style="font-family: cursive;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	3 Fernando Pernitz-Berrios		
<b>4</b> Date	<b>5</b> Payee name		
1/14/21	Frost Bank		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
12	aka W. 7th St	FT Worth	TX 76102
<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
	Accounting / Banking		Wire Fee
<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		
1/19/21	Wix .com		
Amount (\$)	Payee address;	City;	State; Zip Code
341.15			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Other - website		Web Hosting Email
<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		
1/22/21	Texas Democratic Party		
Amount (\$)	Payee address;	City;	State; Zip Code
460	3130 Alameda St	FT Worth	TX 76111
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Other - Voter Data		Voter Data
<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3</u>		<b>2</b> FILER NAME <u>Fernando Perata - Berrios</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>2/8/21</u>		<b>5</b> Payee name <u>Postcard mania</u>			
<b>6</b> Amount (\$) <u>2980.36</u>		<b>7</b> Payee address; <u>2415 Sunnydale Blvd</u>		City; <u>Clearwater</u>	State; <u>FL</u>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<b>(b)</b> Description <u>Mailer &amp; Postcards</u>	
		<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
<b>Date</b> <u>2/11/21</u>		<b>Payee name</b> <u>Julien Lambert</u>			
<b>Amount (\$)</b> <u>107.17</u>		<b>Payee address;</b> <u>110 S Hampshire</u>		City; <u>Sagehen</u>	State; <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Other</u>		<b>Description</b> <u>Photography</u>	
		<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>Date</b> <u>2/16/21</u>		<b>Payee name</b> <u>Danwai Inc dba Designer Graphics</u>			
<b>Amount (\$)</b> <u>3181.47</u>		<b>Payee address;</b> <u>12404 TX-155</u>		City; <u>Tyler</u>	State; <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) <u>Printing Expense</u>		<b>Description</b> <u>Signs</u>	
		<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>3</i>		<b>2</b> FILER NAME <i>Fernando Pernik Bernier</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>2/26/21</i>		<b>5</b> Payee name <i>Comark Services</i>			
<b>6</b> Amount (\$) <i>163.46</i>		<b>7</b> Payee address; <i>507 S. Main St. Ft Worth</i>		<b>City;</b> <i>TX</i>	<b>State;</b> <i>TX</i>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>		<b>(b)</b> Description <i>Push Cards</i>	
		<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 <i>3/15/21</i>		Payee name <i>Postcard Mania</i>			
Amount (\$) <i>1,140</i>		Payee address; <i>2145 Semtex Blvd</i>		<b>City;</b> <i>Clearwater</i>	<b>State;</b> <i>FL</i>
<b>Zip Code</b> <i>33765</i>					
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <i>Postage</i>	
		<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 <i>2/16/21</i>		Payee name <i>Postcard Mania</i>			
Amount (\$) <i>(1,275)</i>		Payee address; <i>2145 Semtex Blvd</i>		<b>City;</b> <i>Clearwater</i>	<b>State;</b> <i>FL</i>
<b>Zip Code</b> <i>33765</i>					
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Other</i>		Description <i>Refund of Printing Services</i>	
		<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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