

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**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:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mr Fernando

NICKNAME LAST SUFFIX

Peralta-Berrios

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

3812 Gordon Avenue Ft Worth TX 76110

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 817 ) 779-0799

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

MR Patrick

NICKNAME LAST SUFFIX

Lai

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5216 Cross Plains Ct Ft Worth TX 76126

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 817 ) 6475908

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

3 / 21 / 21

THROUGH

Month Day Year

4 / 20 / 21

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 21

ELECTION TYPE

Primary

Runoff

Other  
Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Ft Worth City Council District 9

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

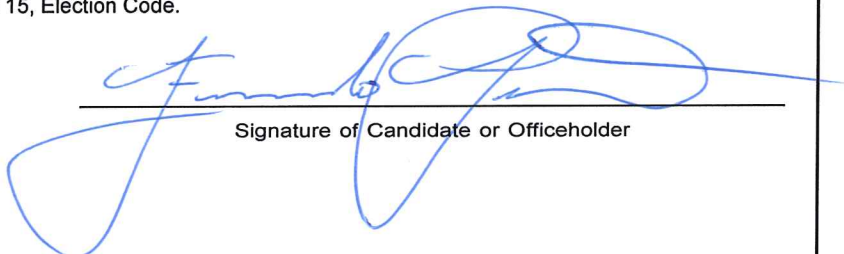
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

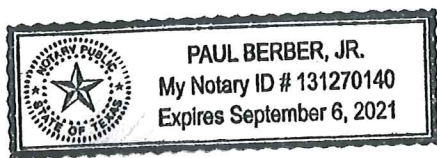
<b>15 C/OH NAME</b> Fernando Peralta-Berrios		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,715.27
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,656.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,481.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,060.00

**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 Fernando J. Peralta-Berrios this the 23<sup>rd</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Paul Berber Paul Berber Texas Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Fernando Peralta-Berrios

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,715.27
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 1,060.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,656.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: **5****2** FILER NAME

Fernando Peralta-Berrios

**3** Filer ID (Ethics Commission Filers)**4** Date

03/22/2021

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Johama Hernandez

**7** Amount of contribution (\$)**26.27****6** Contributor address;

City;

State;

Zip Code

3600 Willowbrook Drive, Fort Worth, TX, United States, 76133

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

03/22/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Larry Ammerman

Amount of contribution (\$)

**50.00**

## Contributor address;

City;

State;

Zip Code

2236 6th Avenue, Fort Worth, TX, United States, 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/26/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bernie Scheffler

Amount of contribution (\$)

**21.08**

## Contributor address;

City;

State;

Zip Code

1608 Lake Shore Dr, Fort Worth, TX, United States, 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/30/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rachael Gollay

Amount of contribution (\$)

**36.00**

## Contributor address;

City;

State;

Zip Code

1408 S Henderson St, Fort Worth, TX, United States, 76104

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:

5

**2** FILER NAME

Fernando Peralta-Berrios

**3** Filer ID (Ethics Commission Filers)**4** Date

03/31/2021

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Davis

**7** Amount of contribution (\$)

750.00

**6** Contributor address;

City;

State;

Zip Code

2325 Mistletoe Drive, Fort Worth, TX, United States, 76110

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

04/02/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bernie Scheffler

Amount of contribution (\$)

21.08

## Contributor address;

City;

State;

Zip Code

1608 Lake Shore Dr, Fort Worth, TX, United States, 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

04/06/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

David Riddlesperger

Amount of contribution (\$)

52.23

## Contributor address;

City;

State;

Zip Code

2507 Boyd Avenue, Fort Worth, TX, United States, 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

04/06/2021

## Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Juanita Jimenez

Amount of contribution (\$)

104.15

## Contributor address;

City;

State;

Zip Code

South Jennings Avenue, Fort Worth, TX, United States, 76110

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>5</b>
2 FILER NAME Fernando Peralta-Berrios		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Timothy Meagher 6 Contributor address; City; State; Zip Code 2521 Ryan Place Drive, Fort Worth, TX, United States, 76110	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2021	Full name of contributor out-of-state PAC (ID#: _____) Bernie Scheffler Contributor address; City; State; Zip Code 1608 Lake Shore Dr, Fort Worth, TX, United States, 76103	Amount of contribution (\$)  <b>21.08</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Mario Perez Contributor address; City; State; Zip Code 2744 5th ave, fort worth tx 76110	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Ramon Romero Campaign Contributor address; City; State; Zip Code PO BOX 181, Fort Worth TX, 76101	Amount of contribution (\$)  <b>3,304.00</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: 5
2 FILER NAME Fernando Peralta-Berrios		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Brenda Pereda 6 Contributor address; City; State; Zip Code PO Box 11342, Fort Worth, TX, United States, 76110	7 Amount of contribution (\$)  104.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#: _____) Bernie Scheffler Contributor address; City; State; Zip Code 1608 Lake Shore Dr, Fort Worth, TX, United States, 76103	Amount of contribution (\$)  21.08
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Elijah Lopez Contributor address; City; State; Zip Code 1337 Storm Drive, Bedford, TX, United States, 76022	Amount of contribution (\$)  104.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Sara Pereda Contributor address; City; State; Zip Code 2321 Ryan Avenue, Fort Worth, TX, United States, 76110	Amount of contribution (\$)  200.00
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>5</b>
<b>2</b> FILER NAME Fernando Peralta-Berrios		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____)  ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  04/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Ramon Romero Campaign ..... Contributor address; City; State; Zip Code PO BOX 181, Fort Worth TX, 76101	Amount of contribution (\$)  <b>1,350.00</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.		



**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.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME Fernando Peralta-Berrios		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 1,060.00
<b>5</b> Date of loan 01/14/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernando Peralta-Berrios	<b>9</b> Loan Amount (\$) 1,060.00
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 812 Gordon Avenue Ft Worth TX 76110	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Fernando Peralta-Berrios	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2021	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) 5.00	<b>7</b> Payee address; City; State; Zip Code 901 W 7th st. Fort Worth TX 76102	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Fernando Peralta-Berrios District 9 City Council	
Date 04/05/2021	Payee name Vanessa Castillo	
Amount (\$) 332.00	Payee address; City; State; Zip Code 1701 E Roberts St Apt 813 Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Fernando Peralta-Berrios District 9 City Council	
Date 04/06/2021	Payee name Cindy Corpus	
Amount (\$) 223.00	Payee address; City; State; Zip Code 1701 E. Roberts St. Apt 813 Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Fernando Peralta-Berrios District 9 City Council	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Fernando Peralta-Berrios	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/03/2021	<b>5</b> Payee name Maria Contreras	
<b>6</b> Amount (\$) 1,495.00	<b>7</b> Payee address; City; State; Zip Code 2106 Cancun Dr. Mansfield TX 76063	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Blockwalking
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council
Office held		
Date 04/03/2021	Payee name Jose Romero	
Amount (\$) 1,150.00	Payee address; City; State; Zip Code 2201 E. Maddox Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council
Office held		
Date 04/03/2021	Payee name Elizabeth Sanchez	
Amount (\$) 104.00	Payee address; City; State; Zip Code 2106 Cancun Dr. Mansfield TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule F1: 4	2 FILER NAME Fernando Peralta-Berrios	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2021	5 Payee name Cindy Corpus	
6 Amount (\$) 312.00	7 Payee address; City; State; Zip Code 1701 E. Robert St. Apt 813 Fort Worth TX 76104	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Block Walking
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council
Date 04/12/2021	Payee name Daniel Sanchez	
Amount (\$) 408.00	Payee address; City; State; Zip Code 2106 Larcum Dr. Mansfield TX 76063	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council
Date 04/12/2021	Payee name Vanessa Castillo	
Amount (\$) 600.00	Payee address; City; State; Zip Code 1701 E. Robert St. Apt 813 Fort Worth TX 76104	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fernando Peralta-Berrios	Office sought District 9 City Council

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Fernando Peralta-Berrios	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/14/2021	<b>5</b> Payee name Harland-Clarke	
<b>6</b> Amount (\$)  27.55	<b>7</b> Payee address; City; State; Zip Code 4055 Corporate Dr Ste 100, Grapevine, TX 76051	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Checks
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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 Fernando Peralta-Berrios District 9 City Council		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand Delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> Final report Other (specify) _____			Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	3 / 21 / 21 THROUGH			4 / 20 / 21	
Date Processed _____					
Date Imaged _____					

## 6 EXPLANATION OF CORRECTION

Correction is an address change on page 11 for Jose Romero. Corrected address is 2501 Mitchell Blvd Fort Worth, TX 76105

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

Please complete either option below:

### (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Fernando Peralta-Berrios this the 23rd day of April

20 21, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections