

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		2 Total pages filed: 196	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Felicity	MI	OFFICE USE ONLY	
	NICKNAME	LAST Pereyra	SUFFIX	Date Received JAN 15 2026	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 125 AMUNDSEN HOUSTON, TX 77009		ZIP CODE		Date Hand-delivered or Date Postmarked
					Receipt #
					Amount
					Date Processed
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST DAWN	MI		
	NICKNAME	LAST ADAMS COLE	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1144 ALLSTON ST HOUSTON, TX 77008				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(713)	299-9808			
8 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)				
9 PERIOD COVERED	Month	Day	Year	Month	Day
		07/01/2025	THROUGH	12/31/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	
11 OFFICE	OFFICE HELD (if any) HOUSTON ISD TRUSTEE, DISTRICT I			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

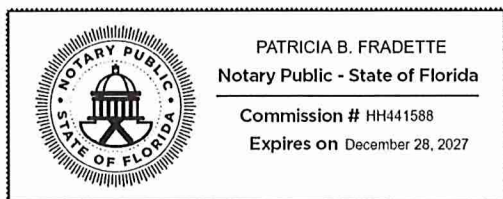
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13 C / OH NAME Pereyra, Felicity	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
☐ Additional Pages ☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 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)	\$ 40,076.72
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 30,734.79
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,107.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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

[Signature]

Signature of Candidate or Officeholder

Notarized remotely online using communication technology via Proof.

AFFIX NOTARY STAMP / SEAL ABOVE

Florida Manatee

Sworn to and subscribed before me, by the said Felicity Pereyra, this the 9th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature]

Patricia B. Fradette

Online Notary

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

FORM **C/OH**
COVER SHEET PG 3
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18 FILER NAME Pereyra, Felicity		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	39,976.72
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	100.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	☒ SCHEDULE E: LOANS	\$	50.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	24,775.41
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,006.85
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	5,102.53
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	138.00
12.	☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	17.14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/51 Rpt: 4/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) AGUILAR, ARIEL 6 Contributor address; City; State; Zip Code PORTLAND, OR 97202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALARCON, MOLLY Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SAN FRANCISCO CITY ATTORNEY'S OFFICE
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALCAUTER, LUIS Contributor address; City; State; Zip Code WASHINGTON, DC 20011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SOLIDARITY STRATEGIES
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALDEBORGH, WINDY Contributor address; City; State; Zip Code PHILADELPHIA, PA 19125	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) WORKMONEY
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALEXANDER, RYAN Contributor address; City; State; Zip Code VOORHEES TOWNSHIP, NJ 08043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) GLOBAL STRATEGY GROUP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/51 Rpt: 5/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/14/2025

5 Full name of contributor

ANDERSON, HILLARY

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

WASHINGTON, DC 20001

7 Amount of Contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

DIRECTOR OF ANALYTICS

9 Employer (See Instructions)

CATALIST

Date

07/14/2025

Full name of contributor

ANDERSON, HILLARY

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

WASHINGTON, DC 20001

Amount of Contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

DIRECTOR OF ANALYTICS

Employer (See Instructions)

CATALIST

Date

08/14/2025

Full name of contributor

ANGLE, JOHN

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

FORT WORTH, TX 76110

Amount of Contribution (\$)

\$350.00

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

AMM POLITICAL STRATEGIES LLC

Date

07/16/2025

Full name of contributor

AQEEL, HARIS

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

WASHINGTON, DC 20009

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

ANALYST

Employer (See Instructions)

CATALIST

Date

08/13/2025

Full name of contributor

ARREOLA, CHARLIE

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

LOS ANGELES, CA 90018

Amount of Contribution (\$)

\$15.00

Principal occupation / Job title (See Instructions)

FUNDRAISER

Employer (See Instructions)

JUMPSTART FOR YOUNG CHILDREN INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/51 Rpt: 6/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ATLAS, SCOTT 6 Contributor address; City; State; Zip Code HOUSTON, TX 77098	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) LEGAL CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BACKOF, PETER Contributor address; City; State; Zip Code WASHINGTON, DC 20010	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) SELF-EMPLOYED
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BARBIERI-BOGGIANO, ALEXANDER Contributor address; City; State; Zip Code WASHINGTON, DC 20009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BURDADE STRATEGIES
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BARRY, ELIZABETH Contributor address; City; State; Zip Code LOS ANGELES, CA 90029	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) NONPROFIT
Date 07/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BASS, KATHERINE Contributor address; City; State; Zip Code LAKEWOOD, CO 80214	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ALTSHULER BETZON LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/51 Rpt: 7/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/04/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BENAKATTI, POONAM 6 Contributor address; City; State; Zip Code DALLAS, TX 75204	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) TPM		9 Employer (See Instructions) GREEN RIVER
Date 07/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BENGTON, EMILY Contributor address; City; State; Zip Code BROOKLYN, NY 11238	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) WAVELENGTH STRATEGY
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATHENA, SHAYAN Contributor address; City; State; Zip Code HOUSTON, TX 77095	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RESIDENT PHYSICIAN		Employer (See Instructions) BCM
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BICKLEY-KING, JAMAA Contributor address; City; State; Zip Code RICHMOND, VA 23222	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CHIEF SOLUTIONS OFFICER		Employer (See Instructions) TARGETSMART COMMUNICATIONS LLC
Date 07/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BLACK, KATE Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DRTX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/51 Rpt: 8/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BORON, CHRIS 6 Contributor address; City; State; Zip Code ALEXANDRIA, VA 22304	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ACCOUNT EXECUTIVE		9 Employer (See Instructions) CATALIST LLC
Date 08/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BRADY-SHARP, ROBERT Contributor address; City; State; Zip Code BROOMFIELD, CO 80021	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CHIEF OF PROGRAMS		Employer (See Instructions) MAREMOTO FUND INC
Date 08/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROSNAN, TARA Contributor address; City; State; Zip Code DENVER, CO 80219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) COMMUNITY TECH ALLIANCE
Date 08/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWN, JENNIFER Contributor address; City; State; Zip Code PIEDMONT, CA 94611	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWN, MICHAEL Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/51 Rpt: 9/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/11/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BRUNO JR., ELVIN 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20005	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUGBEE, MYLES Contributor address; City; State; Zip Code WASHINGTON, DC 20003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PERSUASION & PIXELS		Employer (See Instructions) FOUNDER
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUKOWSKI, CHELSEA Contributor address; City; State; Zip Code MILWAUKEE, WI 53213	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SENIOR ADVISOR		Employer (See Instructions) PRIORITIES USA
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BYRNE-MARTIN, KELLY Contributor address; City; State; Zip Code DENVER, CO 80210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IE DIRECTOR		Employer (See Instructions) DLCC
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CALLAHAN, ANDREW Contributor address; City; State; Zip Code CHEVERLY, MD 20785	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) ENGINEERING MANAGER		Employer (See Instructions) DEMOCRATIC NATIONAL COMMITTEE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 7/51 Rpt: 10/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/12/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CANONICO, CHRIS

7 Amount of Contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

BELLAIRE, TX 77401

8 Principal occupation / Job title (See Instructions)

ENGINEER

9 Employer (See Instructions)

ARDURRA

Date

08/16/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARDENAS, JUVIE

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

HOUSTON, TX 77018

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GERMER PLLC

Date

07/11/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARDONA, PAMELA

Amount of Contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

BROOKLYN, NY 11217

Principal occupation / Job title (See Instructions)

TECHNICAL PROGRAM MANAGER

Employer (See Instructions)

NETFLIX

Date

07/11/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARRIER, AMBER

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

WASHINGTON, DC 20008

Principal occupation / Job title (See Instructions)

RESEARCH MANAGER

Employer (See Instructions)

META

Date

07/11/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARVALHO, ARMINDO

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

WASHINGTON, DC 20009

Principal occupation / Job title (See Instructions)

PATENT EXAMINER

Employer (See Instructions)

UNITED STATES PATENT AND TRADEMARK OFFICE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/51 Rpt: 11/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/11/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CERVELLA, JENN 6 Contributor address; City; State; Zip Code CHICAGO, IL 60647	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) OPENFIELD
Date 07/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CHEERATH, ASHEESH Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) FLOWSERVE
Date 07/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CHIANG, LEO Contributor address; City; State; Zip Code MONTCLAIR, NJ 07042	Amount of Contribution (\$) \$999.00
Principal occupation / Job title (See Instructions) MACHINE LEARNING ENGINEER		Employer (See Instructions) WARNER BROTHERS DISCOVERY
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CIGER, CHRISTOPHER Contributor address; City; State; Zip Code KENSINGTON, CA 94707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CINEAS, GRACE Contributor address; City; State; Zip Code LA QUINTA, CA 92253	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) ECONOMIST		Employer (See Instructions) WB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/51 Rpt: 12/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/11/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CLASTER, ANDREW 6 Contributor address; City; State; Zip Code NEW YORK, NY 10065	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CLEAVER, DEBRA Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) VOTEAMERICA
Date 07/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COFFEE, LAUREN Contributor address; City; State; Zip Code DALLAS, TX 75214	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) ACLU OF TEXAS
Date 08/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COFIELD, BRANDON Contributor address; City; State; Zip Code HOUSTON, TX 77020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HARRIS COUNTY
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COHEA, GUSSIE Contributor address; City; State; Zip Code PORT ARTHUR, TX 77642	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 10/51 Rpt: 13/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/11/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

COPULSKY, ALEXANDER

7 Amount of Contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

CULVER CITY, CA 90230

8 Principal occupation / Job title (See Instructions)

DIRECTOR OF DATA SCIENCE

9 Employer (See Instructions)

ASANA

Date

08/08/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CORINALDI, SHARIF

Amount of Contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

BROOKLYN, NY 11221

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

SELF-EMPLOYED

Date

07/11/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COULOMBE, AMANDA

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

SILVER SPRING, MD 20910

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF-EMPLOYED

Date

09/01/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COURTNEY, ROBERT

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

MANHATTAN, NY 10036

Principal occupation / Job title (See Instructions)

VP OF ENGINEERING

Employer (See Instructions)

PANTHEON ANALYTICS

Date

07/12/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COWELL, RACHEL

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

CHICAGO, IL 60625

Principal occupation / Job title (See Instructions)

PARTNER SUPPORT ENGINEER

Employer (See Instructions)

STRIVE MESSAGING

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/51 Rpt: 14/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CROOM, MICHELLE 6 Contributor address; City; State; Zip Code SEATTLE, WA 98118	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) FINANCIAL ANALYST		9 Employer (See Instructions) STARBUCKS
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAHL, KATE Contributor address; City; State; Zip Code SEATTLE, WA 98106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions) AMPERITY
Date 08/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAVIS, KATHERINE Contributor address; City; State; Zip Code WICHITA, KS 67213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) STATE OF KANSAS
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEITZ, LAUREN Contributor address; City; State; Zip Code BROOKLYN, NY 11218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) NYEC
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DELAPP, JOHN Contributor address; City; State; Zip Code ATLANTA, GA 30309	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BLUE CAT STRATEGIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/51 Rpt: 15/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 09/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DELAPP, JOHN 6 Contributor address; City; State; Zip Code ATLANTA, GA 30309	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) BLUE CAT STRATEGIES
Date 10/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DELAPP, JOHN Contributor address; City; State; Zip Code ATLANTA, GA 30309	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BLUE CAT STRATEGIES
Date 11/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DELAPP, JOHN Contributor address; City; State; Zip Code ATLANTA, GA 30309	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BLUE CAT STRATEGIES
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DELAPP, JOHN Contributor address; City; State; Zip Code ATLANTA, GA 30309	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BLUE CAT STRATEGIES
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEMISSIE, ADDISU Contributor address; City; State; Zip Code OAKLAND, CA 94618	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) 50+1 STRATEGIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/51 Rpt: 16/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DEMPSEY, CAIT 6 Contributor address; City; State; Zip Code IRVINGTON, NY 10533	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) LOEB & LOEB LLP
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEVORSEY, KASS Contributor address; City; State; Zip Code BROOKLYN, NY 11201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 07/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, ASH Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		Employer (See Instructions) DIVECHA SERVICES
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, ASH Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		Employer (See Instructions) DIVECHA SERVICES
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, FARIDA Contributor address; City; State; Zip Code HOUSTON, TX 77041	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TRAVEL AGENT		Employer (See Instructions) AAA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/51 Rpt: 17/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, FARIDA 6 Contributor address; City; State; Zip Code HOUSTON, TX 77041	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) TRAVEL AGENT		9 Employer (See Instructions) AAA
Date 09/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, FARIDA Contributor address; City; State; Zip Code HOUSTON, TX 77041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TRAVEL AGENT		Employer (See Instructions) AAA
Date 10/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, FARIDA Contributor address; City; State; Zip Code HOUSTON, TX 77041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TRAVEL AGENT		Employer (See Instructions) AAA
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIVECHA, PHIROZE Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) COACH		Employer (See Instructions) SELF-EMPLOYED
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DODD, CHRISTOPHER Contributor address; City; State; Zip Code HOUSTON, TX 77092-5125	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) WITHUM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 15/51 Rpt: 18/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

09/26/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

DOYLE, CAROLINE

7 Amount of Contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

SAN. CARLOS, CA 94070

8 Principal occupation / Job title (See Instructions)

PROGRAM OFFICER

9 Employer (See Instructions)

HEWLETT FOUNDATION

Date

08/13/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DRISCOLL-BRANTLEY, GENA

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

WASHINGTON, DC 20001

Principal occupation / Job title (See Instructions)

DATA AND ANALYTICS DIRECTOR

Employer (See Instructions)

NEVADA STATE DEMOCRATIC PARTY

Date

07/16/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DUBASH, ALOO

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

SHREWSBURY, MA 01545

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

07/16/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DUBASH, JAMSHED

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

SHREWSBURY, MA 01545-7715

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

VASPAR STRATEGIES LLC

Date

08/20/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DUDLEY, BRANDON

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

HOUSTON, TX 77021

Principal occupation / Job title (See Instructions)

CHIEF OF STAFF

Employer (See Instructions)

HARRIS COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/51 Rpt: 19/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DYSKANT, EREK 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20002	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions) INROADS
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) EDWARDS, NICK Contributor address; City; State; Zip Code CHICAGO, IL 60613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions) SELF-EMPLOYED
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) EL-AMINE, SARA Contributor address; City; State; Zip Code WASHINGTON, CA 94402	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) CHIME
Date 08/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ELHATTAB, HANA Contributor address; City; State; Zip Code BROOKLYN, NY 11237	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) GOOGLE
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ELLIS, LIZZIE Contributor address; City; State; Zip Code WASHINGTON, DC 20002	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CONTENT POLICY MANAGER		Employer (See Instructions) META

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/51 Rpt: 20/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ESTES, CATHRYN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77009	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) BUSINESS MANAGER		9 Employer (See Instructions) ARCADIA EFUELS
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ESTES, CATHRYN Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BUSINESS MANAGER		Employer (See Instructions) ARCADIA EFUELS
Date 08/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ESTY, THOMAS Contributor address; City; State; Zip Code WASHINGTON, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) GQR
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FEKADE, MAHELET Contributor address; City; State; Zip Code SILVER SPRING, MD 20904	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) CFPB
Date 08/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FIFIELD, BEN Contributor address; City; State; Zip Code BROOKLINE, MA 02446	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RESEARCH SCIENTIST		Employer (See Instructions) META

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/51 Rpt: 21/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/17/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FLEISIG, ARIELA 6 Contributor address; City; State; Zip Code SAN JOSE, CA 95123	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 08/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FLOOD NUGENT, MARY Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FORGY, DAVINIA Contributor address; City; State; Zip Code MIDDLETOWN, CT 06457	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DATA ENGINEER		Employer (See Instructions) CATALIST LLC
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FOUNTAIN, LINDSAY Contributor address; City; State; Zip Code DENVER, CO 80203	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MEDICAL STUDENT		Employer (See Instructions) UNIVERSITY OF COLORADO
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FRASER, JONATHAN Contributor address; City; State; Zip Code UNIVERSITY PARK, MD 20782	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) HEAD OF ATTRIBUTION AND GROWTH MEASUREMENT		Employer (See Instructions) GOOGLE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
Sch: 19/51 Rpt: 22/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/15/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

FROST, KATHRYN

7 Amount of Contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

EDGEWATER, MD 21037

8 Principal occupation / Job title (See Instructions)

ASSOCIATE ADMINISTRATOR

9 Employer (See Instructions)

SBA

Date

08/14/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FYLER, AMANDA

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

SILVER SPRING, MD 20901

Principal occupation / Job title (See Instructions)

MARKETING ANALYTICS MANAGER

Employer (See Instructions)

AARP

Date

08/12/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GAO, CONNIE

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

CHICAGO, IL 60647

Principal occupation / Job title (See Instructions)

PRODUCT MANAGER

Employer (See Instructions)

VRP

Date

08/10/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GARDNER, MEAGAN

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

MANAGING DIRECTOR

Employer (See Instructions)

DCODE

Date

08/05/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GARZA, IDA

Amount of Contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

EDINBURG, TX 78539

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

SOUTH TEXAS LITERACY COALITION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/15/2025

5 Full name of contributor

GASSER, RETA

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

DENVER, CO 80211

7 Amount of Contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

SOLUTIONS AND ANALYTICS ENGINEER

9 Employer (See Instructions)

THE MOVEMENT COOPERATIVE

Date

08/13/2025

Full name of contributor

GHOSH, SHRIJA

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

RALEIGH, NC 27615

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

EXECUTIVE VICE PRESIDENT, DATA AND TECHNOLOGY

Employer (See Instructions)

CIVIC NATION

Date

08/09/2025

Full name of contributor

GOSAR, MILI

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

KATY, TX 77450

Amount of Contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

10/08/2025

Full name of contributor

GRAEFE, LEROY

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

EGG HARBOR CITY, NJ 08215

Amount of Contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

10/17/2025

Full name of contributor

GRESSO, KIMBERLY

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

HOUSTON, TX 77027

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/51 Rpt: 24/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GROSHARDT, JOANNE 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75081	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 07/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HALL, DEBORAH Contributor address; City; State; Zip Code HOUSTON, TX 77009-6532	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARPRING, JENNA Contributor address; City; State; Zip Code TAMPA, FL 33609	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) IHEARTMEDIA
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HAWKINS, JOMETRA Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) EQUITY BRIDGE LLC
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HELM, LARA Contributor address; City; State; Zip Code QUEENS, NY 11377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP OF INNOVATION		Employer (See Instructions) GLOBAL STRATEGY GROUP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/51 Rpt: 25/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HEMILY, JULIE 6 Contributor address; City; State; Zip Code BROOKLYN, NY 11238	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) DATA SCIENTIST		9 Employer (See Instructions) JELLYFISH
Date 08/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HENDRICK, STEPHANIE Contributor address; City; State; Zip Code WASHINGTON, DC 20011	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ANALYTICS MANAGER		Employer (See Instructions) AFSCME
Date 07/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HERNANDEZ HOLMES, LAURA Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 08/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HESS, PAUL Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HIPSKIND, ROB Contributor address; City; State; Zip Code ALEXANDRIA, VA 22303	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DIRECTOR DATA SCIENCE AND ANALYTICS		Employer (See Instructions) HART RESEARCH ASSOCIATES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/51 Rpt: 26/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HOAGLAND, JAMES 6 Contributor address; City; State; Zip Code BROOKLYN, NY 11201	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) BCG
Date 08/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACK, EMILI Contributor address; City; State; Zip Code WASHINGTON, DC 20002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, PHAEDRA Contributor address; City; State; Zip Code HYATTSVILLE, MD 20785	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) VP UNIT ADVOCACY		Employer (See Instructions) NAACP
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JEAN VERNON, SARA Contributor address; City; State; Zip Code WASHINGTON, DC 20011	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) DATA SPECIALIST		Employer (See Instructions) NATIONAL EDUCATION ASSOCIATION
Date 07/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JEUDY, WIL Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) NEXT LEVEL URGENT CARE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 24/51 Rpt: 27/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/05/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHNSON, CAROL

7 Amount of Contribution (\$)

\$10.00

6 Contributor address; City; State; Zip Code

OROVILLE, CA 95966

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

07/14/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KALCHIK, CARTER

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

RESTON, VA 20190

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF-EMPLOYED

Date

08/15/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KALCHIK, CARTER

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

RESTON, VA 20190

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF-EMPLOYED

Date

07/27/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KITCHEL, DAVID

Amount of Contribution (\$)

\$1.02

Contributor address; City; State; Zip Code

HOUSTON, TX 77009

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

07/28/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KLEPPE, MICHELLE

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

RALEIGH, NC 27608

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

PRECINCT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/51 Rpt: 28/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KLOPMAN, JEREMY 6 Contributor address; City; State; Zip Code BROOKLYN, NY 11215	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) PSYCHIATRIST		9 Employer (See Instructions) THE BRIDGE NY
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KLOSER, BETH Contributor address; City; State; Zip Code MORTON GROVE, IL 60053	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DATA MANAGER		Employer (See Instructions) SUPERMAJORITY
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KOUDELKA, KATHERINE Contributor address; City; State; Zip Code BALTIMORE, MD 21211	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SOFTWARE IMPLEMENTATION		Employer (See Instructions) SELF-EMPLOYED
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KRAUS, SAMUEL Contributor address; City; State; Zip Code ASTORIA, NY 11105	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CITY PLANNER		Employer (See Instructions) NYC DOT
Date 07/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KRAUSE, ERICA Contributor address; City; State; Zip Code TOLEDO, OH 43609-3074	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) WILLIAMS NONPROFIT CONSULTING

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/51 Rpt: 29/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KREISBERG, HARRISON 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20012	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) BLUELABS
Date 07/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KRIKORIAN, RAFFI Contributor address; City; State; Zip Code STANFORD, CA 94305	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CTO		Employer (See Instructions) EMERSON COLLECTIVE
Date 08/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KULEVSKY, KRIS Contributor address; City; State; Zip Code ST LOUIS PARK, MN 55416	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF-EMPLOYED
Date 07/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LABOWITZ, SARAH Contributor address; City; State; Zip Code HOUSTON, TX 77003	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RESEARCHER		Employer (See Instructions) CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LANCASTER, JESSICA Contributor address; City; State; Zip Code CHICAGO, IL 60647	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) DATA MANAGER		Employer (See Instructions) LOCAL PROGRESS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/51 Rpt: 30/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/11/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LANGGIN, MARK 6 Contributor address; City; State; Zip Code DES MOINES, IA 50312-2826	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) LANGGIN VENTURES
Date 07/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEE, YOUNG Contributor address; City; State; Zip Code WASHINGTON, DC 20009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) U.S. DEPARTMENT OF THE TREASURY
Date 07/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEEVEES, JANE Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$2.70
Principal occupation / Job title (See Instructions) PSYCHIATRIST		Employer (See Instructions) SELF-EMPLOYED
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEEVEES, JANE Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) PSYCHIATRIST		Employer (See Instructions) SELF-EMPLOYED
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEFFERT, AKIVA Contributor address; City; State; Zip Code BROOKLYN, NY 11215	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/51 Rpt: 31/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LEMESURIER, ROGER 6 Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94110	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) ORIGINATOR		9 Employer (See Instructions) NEXTERA
Date 08/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LETSKY, ALLY Contributor address; City; State; Zip Code KANSAS CITY, MO 64113	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) DELIVER STRATEGIES
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LIEKWEG, TAMARA Contributor address; City; State; Zip Code MARIETTA, GA 30068	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HUMAN RESOURCES		Employer (See Instructions) AMERICARES
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LINAM-CHURCH, WARREN Contributor address; City; State; Zip Code CHICAGO, IL 60660	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) DEMOCRATIC NATIONAL COMMITTEE
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LITTLEJOHN, ALPHONSE Contributor address; City; State; Zip Code CRYSTAL LAKE, IL 60014	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/51 Rpt: 32/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LONGORIA, BROOKE 6 Contributor address; City; State; Zip Code HOUSTON, TX 77009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CIVIL SERVANT		9 Employer (See Instructions) DEPT. OF HOMELAND SECURITY
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LONGORIA, ISABEL Contributor address; City; State; Zip Code HOUSTON, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DEPUTY DIRECTOR		Employer (See Instructions) ANNIE'S LIST TEXAS
Date 07/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LONGORIA, JENNIFER Contributor address; City; State; Zip Code SAN ANTONIO, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) EVERYBODY VOTES CAMPAIGN
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LONGORIA, JENNIFER Contributor address; City; State; Zip Code SAN ANTONIO, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) EVERYBODY VOTES CAMPAIGN
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LORD, ROBERT Contributor address; City; State; Zip Code SAN FRANCISCO, CA 94115	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 30/51 Rpt: 33/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/11/2025

5 Full name of contributor

LYNCH, RILEY

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

EASTSOUND, WA 98245

7 Amount of Contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

SOFTWARE

9 Employer (See Instructions)

SELF-EMPLOYED

Date

08/10/2025

Full name of contributor

MADDEN, AMBER

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

WHEAT RIDGE, CO 80033

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

ICF

Date

07/11/2025

Full name of contributor

MAHDI, HASAN

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

HOUSTON, TX 77004

Amount of Contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

DATA SCIENTIST

Employer (See Instructions)

META

Date

08/09/2025

Full name of contributor

MALLOY, JOHN

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

WASHINGTON, DC 20009-6529

Amount of Contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

VP OF DATA SYSTEMS & ANALYTICS

Employer (See Instructions)

VOTER PARTICIPATION CENTER

Date

07/10/2025

Full name of contributor

MALONE, JAY

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

HOUSTON, TX 77002

Amount of Contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

TEXAS GULF COAST AREA LABOR FEDERATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/51 Rpt: 34/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MANGAT, CHATHAN 6 Contributor address; City; State; Zip Code NEW ORLEANS, LA 70115	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CHIEF STRATEGIST		9 Employer (See Instructions) CRC GLOBAL SOLUTIONS
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MANOUSHAGIAN, DAVIS Contributor address; City; State; Zip Code WASHINGTON, DC 20003-1100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PRODUCT AND CLIENT SOLUTIONS DIRECTOR		Employer (See Instructions) STAC LABS
Date 09/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARKOFF, ANDREW Contributor address; City; State; Zip Code BROOKLYN, NY 11211	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARTIN, CLORY Contributor address; City; State; Zip Code ARVADA, CO 80004	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) BROWN AND CALDWELL
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARTINEZ, IVONNE Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MASON, REBECCA 6 Contributor address: Cniv: State; Zip Code BROOKLYN, NY 11233	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) FDNY
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MATHEWS, JENNIFER Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) AMM POLITICAL
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MATHUR, NATASHA Contributor address; City; State; Zip Code BROOKLYN, NY 11238	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) DIRECTOR OF DATA		Employer (See Instructions) MAISHA MEDS
Date 08/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCABE, SAMUEL Contributor address; City; State; Zip Code HOUSTON, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) TECHNICAL PROGRAM MANAGER		Employer (See Instructions) GOOGLE
Date 07/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MEHTA, SAM Contributor address; City; State; Zip Code SHREWSBURY, MA 01545	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/21/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MENZIE, KAITLIN 6 Contributor address; City; State; Zip Code BROOKLYN, NY 11238	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		9 Employer (See Instructions) DEMOCRATIC NATIONAL COMMITTEE
Date 07/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MILLER, KATIE Contributor address; City; State; Zip Code MINNEAPOLIS, MN 55401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) COMMUNITY TECH ALLIANCE
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MODAK, VAROON Contributor address; City; State; Zip Code WASHINGTON, DC 20009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF-EMPLOYED
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MOORE, HAROLD Contributor address; City; State; Zip Code CHICAGO, IL 60639	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 09/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MORALES AMUZIE, ANGELICA Contributor address; City; State; Zip Code WASHINGTON, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CHIEF DATA OFFICER		Employer (See Instructions) DEMOCRATIC DATA EXCHANGE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/51 Rpt: 37/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/21/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MORENO, JOSE 6 Contributor address; City; State; Zip Code HOUSTON, TX 77024	7 Amount of Contribution (\$) \$285.00
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions) SELF EMPLOYED
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NATH, AUDREY Contributor address; City; State; Zip Code HOUSTON, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NEUROLOGIST		Employer (See Instructions) NMA
Date 07/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NICKERSON, DAVID Contributor address; City; State; Zip Code NARBERTH, PA 19072-2301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) TEMPLE UNIVERSITY
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NIEMIRA, GERARD Contributor address; City; State; Zip Code BROOKLYN, NY 11217	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) DEMOCRATIC DATA EXCHANGE
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NILES, EDWARD Contributor address; City; State; Zip Code MADISON, WI 53704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CHIEF DATA & TECHNOLOGY OFFICER		Employer (See Instructions) GREEN & WOOD MEDIA SERVICES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/51 Rpt: 38/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) NITZ, SAMUEL 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20011	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions) WORKBENCH
Date 08/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORTHINGTON, JOHN Contributor address; City; State; Zip Code HOUSTON, TX 77011	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) GOVERNMENT AFFAIRS ADVISOR		Employer (See Instructions) K&L GATES
Date 07/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NUCKELS, BEN Contributor address; City; State; Zip Code OCONOMOWOC, WI 53066	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) NUCKELS MEDIA PARTNERS
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'SHEA, MARK Contributor address; City; State; Zip Code NEW YORK, NY 11238	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) KNOWN GLOBAL
Date 07/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ODONNELL, BRENDAN Contributor address; City; State; Zip Code TOLEDO, OH 43609	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ENGINEERING TECHNICIAN		Employer (See Instructions) EVOLUTION PETROLEUM CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/51 Rpt: 39/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ORTIZ, KRYSTAL 6 Contributor address; City; State; Zip Code LAKE GROVE, NY 11755	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ORTIZ, LIZETTE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) COURIER
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OSO, OLUWAKEMI Contributor address; City; State; Zip Code DENVER, CO 80207-1938	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CHIEF PROGRAM OFFICER		Employer (See Instructions) HIGHER GROUND INSTITUTE
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'HARA, KRISTEN Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) MARKETING COMMUNICATIONS		Employer (See Instructions) SLB
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PADILLA, DANIKA Contributor address; City; State; Zip Code SANTA FE, NM 87505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/51 Rpt: 40/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/14/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PEEL, AMANDA 6 Contributor address; City; State; Zip Code ST PAUL, MN 55105	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SENIOR DATA ARCHITECT		9 Employer (See Instructions) AIRBNB
Date 07/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PEREZ, RAFAEL Contributor address; City; State; Zip Code LYNDHURST, NJ 07071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 08/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PERRY, ANDY Contributor address; City; State; Zip Code SOUTH PASADENA, CA 91030	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ANALYTICS ENGINEER		Employer (See Instructions) LOS ANGELES COUNTY CEO
Date 08/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PERUCHINI, JERRY Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MANAGEMENT CONSULTANT		Employer (See Instructions) DELOITTE
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POLLARD, ALLISSA Contributor address; City; State; Zip Code HOUSTON, TX 77005	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ARNOLD & PORTER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/51 Rpt: 41/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POLLARI, MATT 6 Contributor address; City; State; Zip Code SAINT PAUL, MN 55104	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DATA ANALYST		9 Employer (See Instructions) CHINESE AMERICAN SERVICE LEAGUE
Date 07/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) QIAN, REBECCA Contributor address; City; State; Zip Code HOUSTON, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIETITIAN		Employer (See Instructions) CYFAIR ISD
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RAMIREZ, ALEX Contributor address; City; State; Zip Code ALEXANDRIA, VA 22310	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ANALYTICS DIRECTOR		Employer (See Instructions) WORKMONEY
Date 07/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RAMPERSAD, RUSS Contributor address; City; State; Zip Code BELTSVILLE, MD 20705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CHIEF DATA OFFICER		Employer (See Instructions) CATALIST LLC
Date 08/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RATAJAK, ELLEN Contributor address; City; State; Zip Code SEATTLE, WA 98177	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 39/51 Rpt: 42/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/29/2025

5 Full name of contributor

RAYKHEL, ALEXIS

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

AUSTIN, TX 78731

7 Amount of Contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

DATA SCIENTIST

9 Employer (See Instructions)

MAPBOX

Date

07/21/2025

Full name of contributor

REGER, AMY

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

LEWES, DE 19958

Amount of Contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

SVP

Employer (See Instructions)

DEMOCRATIC DATA EXCHANGE

Date

08/02/2025

Full name of contributor

REYNOLDS, SONYA

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

BROOKLYN, NY 11218

Amount of Contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

PRINCIPAL

Employer (See Instructions)

COLIBRÍ LABS

Date

09/02/2025

Full name of contributor

REYNOLDS, SONYA

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

BROOKLYN, NY 11218

Amount of Contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

PRINCIPAL

Employer (See Instructions)

COLIBRÍ LABS

Date

10/02/2025

Full name of contributor

REYNOLDS, SONYA

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

BROOKLYN, NY 11218

Amount of Contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

PRINCIPAL

Employer (See Instructions)

COLIBRÍ LABS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 40/51 Rpt: 43/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

11/02/2025

5 Full name of contributor

REYNOLDS, SONYA

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$20.00

6 Contributor address; City; State; Zip Code

BROOKLYN, NY 11218

8 Principal occupation / Job title (See Instructions)

PRINCIPAL

9 Employer (See Instructions)

COLIBRÍ LABS

Date

08/16/2025

Full name of contributor

RILEY, TRACI

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

HOUSTON, TX 77008

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

08/08/2025

Full name of contributor

ROBERTS, DYLAN

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

FRISCO, CO 80443

Principal occupation / Job title (See Instructions)

LEGISLATOR

Employer (See Instructions)

STATE OF COLORADO

Date

08/15/2025

Full name of contributor

ROCCA, ANA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

WASHINGTON, DC 20009

Principal occupation / Job title (See Instructions)

RESEARCH

Employer (See Instructions)

AMAZON

Date

08/18/2025

Full name of contributor

RODRIGUEZ, JULIE

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

PLAYA DEL REY, CA 90293

Principal occupation / Job title (See Instructions)

POLITICAL STRATEGIST

Employer (See Instructions)

SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 41/51 Rpt: 44/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/13/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROEDER, ETHAN

6 Contributor address; City; State; Zip Code

BALTIMORE, MD 21218

7 Amount of Contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

DATA MANAGER

9 Employer (See Instructions)

FORWARD MAJORITY

Date

08/12/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROSS, SPENCER

Contributor address; City; State; Zip Code

NEW YORK, NY 10016

Amount of Contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

PRODUCER

Employer (See Instructions)

SELF-EMPLOYED

Date

07/31/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SANCHEZ, GENESIS

Contributor address; City; State; Zip Code

IRVING, TX 75060

Amount of Contribution (\$)

\$15.00

Principal occupation / Job title (See Instructions)

OPERATIONS MANAGER

Employer (See Instructions)

SCALE TO WIN

Date

08/05/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SAUCEDA, NOE

Contributor address; City; State; Zip Code

EDINBURG, TX 78539-7300

Amount of Contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

SELF-EMPLOYED

Date

07/10/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SCARVALONE, DANIEL

Contributor address; City; State; Zip Code

BROOKLYN, NY 11217

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

ANALYTICS

Employer (See Instructions)

AMAZON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/51 Rpt: 45/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SCOTT, CHRIS 6 Contributor address; City; State; Zip Code TOLEDO, OH 43615	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CAMPAIGN MANAGER		9 Employer (See Instructions) MARY SHEFFIELD FOR DETROITS FUTURE
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEIBEL, PETER Contributor address; City; State; Zip Code BERKELEY, CA 94703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) BERKLEY UNIFIED SCHOOL DISTRICT
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SESSEGO, NICHOLE Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85251	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PLATFORM POLICY MANAGER		Employer (See Instructions) SNAP, INC.
Date 08/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHAW, REED Contributor address; City; State; Zip Code WASHINGTON, DC 20009	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) GOVERNING FOR IMPACT
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHOR, DAVID Contributor address; City; State; Zip Code MANHATTAN, NY 10002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DATA SCIENTIST		Employer (See Instructions) BLUE ROSE RESEARCH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 43/51 Rpt: 46/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/18/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

SHOWALTER, AMELIA

7 Amount of Contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

SEATTLE, WA 98126

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

PANTHEON ANALYTICS

Date

08/14/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SINCLAIR, SKYLER

Amount of Contribution (\$)

\$35.00

Contributor address; City; State; Zip Code

SEATTLE, WA 98106

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

SELF-EMPLOYED

Date

08/02/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SINCLAIRE, CRISTINA

Amount of Contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

CINCINNATI, OH 45202

Principal occupation / Job title (See Instructions)

SENIOR VICE PRESIDENT

Employer (See Instructions)

CLARITY CAMPAIGN LABS LLC

Date

08/02/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SINDERBRAND, RACHEL

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

WASHINGTON, DC 20002

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

08/13/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SINGER, STEPHANIE

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

EL CERRITO, CA 94530

Principal occupation / Job title (See Instructions)

DATA SCIENTIST

Employer (See Instructions)

SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 44/51 Rpt: 47/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

08/02/2025

5 Full name of contributor

SLABY, MICHAEL

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

CHICAGO, IL 60611

8 Principal occupation / Job title (See Instructions)

CHIEF MARKETING OFFICER

9 Employer (See Instructions)

MURMURATION

Date

07/11/2025

Full name of contributor

SMITH, JEREMY

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

CIVITECH

Date

08/13/2025

Full name of contributor

STEELE, ALEX

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

OMAHA, NE 68144

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

CAUSE CAMPAIGN PARTNERS

Date

08/04/2025

Full name of contributor

STERZENBACH, NORM

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

PLANO, TX 75023

Principal occupation / Job title (See Instructions)

PRINCIPAL

Employer (See Instructions)

GPS IMPACT

Date

08/15/2025

Full name of contributor

STOLLWERK, ALISSA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

ALBERTSON, NY 11507

Principal occupation / Job title (See Instructions)

RESEARCH

Employer (See Instructions)

YOUNGOV AMERICA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/51 Rpt: 48/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SUAREZ, PEDRO 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20002	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) DATA SCIENCE		9 Employer (See Instructions) GMMB
Date 08/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUIDAN, NEAL Contributor address; City; State; Zip Code SOUTH ORANGE, NJ 07079	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ATOMIC
Date 08/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SULLIVAN, JOHN Contributor address; City; State; Zip Code WASHINGTON, DC 20001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) U.S. DEPARTMENT OF JUSTICE
Date 08/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SULLIVAN RISSMILLER, KATIE Contributor address; City; State; Zip Code NEWTON, MA 02466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PRINCIPAL PRODUCT MANAGER		Employer (See Instructions) CAMBRIDGE MOBILE TELEMATICS
Date 07/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SWANTON, JAKE Contributor address; City; State; Zip Code DENVER, CO 80211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) STATE POLICY		Employer (See Instructions) FATHOM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 46/51 Rpt: 49/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/31/2025

5 Full name of contributor

THOMAS, NELLWYN

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$2,000.00

6 Contributor address; City; State; Zip Code

BROOKLYN, NY 11238

8 Principal occupation / Job title (See Instructions)

VICE PRESIDENT

9 Employer (See Instructions)

SHOPIFY

Date

08/12/2025

Full name of contributor

THORNHILL, BARBARA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

HOUSTON, TX 77006

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

08/18/2025

Full name of contributor

TOM, LENA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$350.00

Contributor address; City; State; Zip Code

CHICAGO, IL 60657

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

MESO SOLUTIONS

Date

08/15/2025

Full name of contributor

TRUJILLO-JOHN, ARIANNA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

OAKLAND, CA 94605

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

OPENFIELD

Date

09/15/2025

Full name of contributor

TRUJILLO-JOHN, ARIANNA

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

OAKLAND, CA 94605

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

OPENFIELD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/51 Rpt: 50/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 10/17/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUJILLO-JOHN, ARIANNA 6 Contributor address; City; State; Zip Code OAKLAND, CA 94605	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) OPENFIELD
Date 11/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUJILLO-JOHN, ARIANNA Contributor address; City; State; Zip Code OAKLAND, CA 94605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) OPENFIELD
Date 12/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUJILLO-JOHN, ARIANNA Contributor address; City; State; Zip Code OAKLAND, CA 94605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) OPENFIELD
Date 07/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ULIBARRI, JOSHUA Contributor address; City; State; Zip Code PHOENIX, AZ 85013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) POLLSTER		Employer (See Instructions) LAKE RESEARCH PARTNERS
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VANIA, DOLLY Contributor address; City; State; Zip Code SYRACUSE, NY 13215	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 48/51 Rpt: 51/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

07/12/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

VANIA, LILLIAN

6 Contributor address; City; State; Zip Code

SAN DIEGO, CA 92124

7 Amount of Contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

NOT EMPLOYED

Date

08/02/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

VIGNAUD, LAURIE

Contributor address; City; State; Zip Code

NEW ORLEANS, LA 70122

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

08/04/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WARD, WILLIAM

Contributor address; City; State; Zip Code

DENVER, CO 80204

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

NORTHSLOPE TECHNOLOGIES

Date

07/30/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WARTEL, JONAE

Contributor address; City; State; Zip Code

WASHINGTON, DC 20024

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

PARTNER

Employer (See Instructions)

ARC INITIATIVES

Date

07/11/2025

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WEINBERG, MICHAEL

Contributor address; City; State; Zip Code

SAN DIEGO, CA 92103

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/51 Rpt: 52/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WEISSMAN, MICHAEL 6 Contributor address; City; State; Zip Code AURORA, CO 80011	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) LEGISLATOR		9 Employer (See Instructions) COLORADO
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WESELCOUCH, MARY Contributor address; City; State; Zip Code SYRACUSE, NY 13224	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ASSOCIATE DIRECTOR		Employer (See Instructions) SPOTIFY
Date 07/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WESTEN, DANIEL Contributor address; City; State; Zip Code NEW YORK, NY 10023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TD SECURITIES (USA) LLC
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		Employer (See Instructions) GUSTO
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		Employer (See Instructions) GUSTO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/51 Rpt: 53/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/14/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR 6 Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		9 Employer (See Instructions) GUSTO
Date 09/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		Employer (See Instructions) GUSTO
Date 10/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		Employer (See Instructions) GUSTO
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WONG, TREVOR Contributor address; City; State; Zip Code MERCER ISLAND, WA 98040	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) CUSTOMER DATA ANALYST		Employer (See Instructions) GUSTO
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOOD, PHILIPPA Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CHIEF PROGRAM STRATEGY OFFICER		Employer (See Instructions) NEW LEFT ACCELERATOR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/51 Rpt: 54/196
2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WOODS, SERENA 6 Contributor address; City; State; Zip Code DENVER, CO 80211	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF-EMPLOYED
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) YUE, XUAN Contributor address; City; State; Zip Code HOUSTON, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DESIGNER		Employer (See Instructions) INTERVAL INC

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 1/1 Rpt: 55/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
08/23/2025

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
LABOWITZ, SARAH

7 Contributor address; City: State; Zip Code

HOUSTON, TX 77003

8 Amount of contribution (\$)
\$100.00

9 In-kind contribution description
COFFEE FOR CAMPAIGN EVENT

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)
RESEARCHER

11 Employer (FOR NON-JUDICIAL) (See instructions)
CARNEGIE ENDOWMENT FOR INTERNATIONAL PEACE

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

Sch: 1/1 Rpt: 56/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
07/07/2025

7 Name of lender ☐ out-of-state PAC (ID#: _____)
PEREYRA, FELICITY

9 Loan Amount (\$)
\$50.00

6 Is lender a
financial
institution?
No

8 Lender address; City; State; Zip Code
125 AMUNDSEN

HOUSTON, TX 77009

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)
DATA SCIENTIST

13 Employer (See Instructions)
SELF-EMPLOYED

14 Description of Collateral

☒ None

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

16 GUARANTOR
INFORMATION

☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/09/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$15.00		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/10/2025		Payee name ACTBLUE			
Amount (\$) \$13.50		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name ACTBLUE			
Amount (\$) \$115.50		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/12/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$15.38	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2025	Payee name ACTBLUE	
Amount (\$) \$13.50	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2025	Payee name ACTBLUE	
Amount (\$) \$20.63	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/15/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$37.49		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2025		Payee name ACTBLUE			
Amount (\$) \$17.25		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/17/2025		Payee name ACTBLUE			
Amount (\$) \$1.93		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/18/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2025	Payee name ACTBLUE	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name ACTBLUE	
Amount (\$) \$3.75	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/24/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$1.50		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/25/2025		Payee name ACTBLUE			
Amount (\$) \$2.40		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/27/2025		Payee name ACTBLUE			
Amount (\$) \$0.02		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/28/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2025	Payee name ACTBLUE	
Amount (\$) \$1.50	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name ACTBLUE	
Amount (\$) \$17.25	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/31/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$38.48		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name ACTBLUE			
Amount (\$) \$22.80		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/04/2025		Payee name ACTBLUE			
Amount (\$) \$29.25		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/05/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$9.08		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/06/2025		Payee name ACTBLUE			
Amount (\$) \$0.08		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/07/2025		Payee name ACTBLUE			
Amount (\$) \$3.75		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/08/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$3.75		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/09/2025		Candidate/Officeholder name ACTBLUE			
Amount (\$) \$8.25		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/10/2025		Candidate/Officeholder name ACTBLUE			
Amount (\$) \$20.63		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/11/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$6.15		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name ACTBLUE			
Amount (\$) \$29.27		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name ACTBLUE			
Amount (\$) \$18.71		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 11/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/14/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$20.43		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name ACTBLUE			
Amount (\$) \$13.40		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name ACTBLUE			
Amount (\$) \$18.41		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 12/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/17/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$1.02	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Payee name ACTBLUE	
Amount (\$) \$14.78	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name Payee name ACTBLUE	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 13/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/20/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$3.00		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/21/2025		Candidate/Officeholder name Payee name ACTBLUE			
Amount (\$) \$5.03		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/23/2025		Candidate/Officeholder name Payee name ACTBLUE			
Amount (\$) \$3.00		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 14/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/24/2025		5 Payee name ACTBLUE		
6 Amount (\$) \$0.75		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 08/25/2025		Payee name ACTBLUE		
Amount (\$) \$0.75		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 08/28/2025		Payee name ACTBLUE		
Amount (\$) \$1.50		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 15/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/29/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$0.91		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/31/2025		Payee name ACTBLUE			
Amount (\$) \$1.50		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/01/2025		Payee name ACTBLUE			
Amount (\$) \$0.75		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 16/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/02/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$0.68		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/03/2025		Payee name ACTBLUE			
Amount (\$) \$0.53		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/12/2025		Payee name ACTBLUE			
Amount (\$) \$1.61		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 17/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/14/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$1.13		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/15/2025		Payee name ACTBLUE			
Amount (\$) \$0.15		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/16/2025		Payee name ACTBLUE			
Amount (\$) \$0.38		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 18/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/23/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$1.50		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/26/2025		Payee name ACTBLUE			
Amount (\$) \$2.25		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/02/2025		Payee name ACTBLUE			
Amount (\$) \$0.30		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 19/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 10/08/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$0.75	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.11	Payee name ACTBLUE	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.13	Payee name ACTBLUE	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 20/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 10/16/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$0.38		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/17/2025		Payee name ACTBLUE			
Amount (\$) \$1.65		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/02/2025		Payee name ACTBLUE			
Amount (\$) \$0.30		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 21/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/12/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$0.11		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/14/2025		Payee name ACTBLUE			
Amount (\$) \$1.13		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/15/2025		Payee name ACTBLUE			
Amount (\$) \$0.15		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 22/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 12/12/2025		5 Payee name ACTBLUE			
6 Amount (\$) \$0.11		7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2025		Payee name ACTBLUE			
Amount (\$) \$0.15		Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CONTRIBUTION PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/14/2025		Payee name CAPITAL ONE			
Amount (\$) \$763.71		Payee address; City; State; Zip Code 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 23/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 12/15/2025		5 Payee name CAPITAL ONE			
6 Amount (\$) \$763.71		7 Payee address; City; State; Zip Code 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DUPLICATE CREDIT CARD PAYMENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2025		Payee name END THE TAKEOVER PAC			
Amount (\$) \$15,000.00		Payee address; City; State; Zip Code P.O. BOX 10174 HOUSTON, TX 77206			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/21/2025		Payee name NGPVAN			
Amount (\$) \$159.90		Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 24/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/04/2025		5 Payee name NGPVAN			
6 Amount (\$) \$159.90		7 Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/05/2025		Payee name NGPVAN			
Amount (\$) \$159.90		Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/03/2025		Payee name NGPVAN			
Amount (\$) \$159.90		Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 25/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/03/2025		5 Payee name NGPVAN			
6 Amount (\$) \$159.90		7 Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12/31/2025		Candidate/Officeholder name Payee name NGPVAN			
Amount (\$) \$167.90		Payee address; City; State; Zip Code 1445 NEW YORK AVENUE NW SUITE 200 WASHINGTON, DC 20005			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EVENT MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH					
Date 12/28/2025		Candidate/Officeholder name Payee name PEREYRA, FELICITY			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 125 AMUNDSEN HOUSTON, TX 77009			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REPAYMENT OF INITIAL DEPOSIT FROM PERSONAL FUNDS TO CAMPAIGN BANK	
Complete ONLY if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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: Sch: 26/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 12/28/2025		5 Payee name PEREYRA, FELICITY			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 125 AMUNDSEN HOUSTON, TX 77009			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FILING FEE REIMBURSEMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/28/2025		Payee name PEREYRA, FELICITY			
Amount (\$) \$4,802.53		Payee address; City; State; Zip Code 125 AMUNDSEN HOUSTON, TX 77009			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REIMBURSEMENT OF POLITICAL EXPENDITURES MADE FROM PERSONAL	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/04/2025		Payee name SCALE TO WIN			
Amount (\$) \$28.45		Payee address; City; State; Zip Code 455 MARKET STREET SUITE 1940 PMB 546116 SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS VOTER CONTACT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 27/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 09/03/2025	5 Payee name SCALE TO WIN	
6 Amount (\$) \$565.28	7 Payee address; City; State; Zip Code 455 MARKET STREET SUITE 1940 PMB 546116 SAN FRANCISCO, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS VOTER CONTACT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2025	Payee name STRIPE	
Amount (\$) \$22.23	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name STRIPE	
Amount (\$) \$3.53	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 28/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/10/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/10/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/10/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 29/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/10/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/10/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 30/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/11/2025	5 Payee name STRIPE	
6 Amount (\$) \$4.63	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2025	Payee name STRIPE	
Amount (\$) \$22.23	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2025	Payee name STRIPE	
Amount (\$) \$22.23	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 31/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$22.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 32/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 33/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$11.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 34/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 35/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$11.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 36/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$3.53		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 37/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 38/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 39/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.11		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/12/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 40/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/13/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$16.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/13/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$3.53		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 41/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/14/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/14/2025		Payee name STRIPE			
Amount (\$) \$6.83		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/14/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 42/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/14/2025		5 Payee name STRIPE		
6 Amount (\$) \$1.88		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/14/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/14/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/14/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 43/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/14/2025	5 Payee name STRIPE	
6 Amount (\$) \$4.63	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.43	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.43	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.43	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 44/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/14/2025		5 Payee name STRIPE		
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 07/15/2025		Payee name STRIPE		
Amount (\$) \$22.21		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 07/15/2025		Payee name STRIPE		
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 45/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$22.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/15/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/15/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/15/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 46/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/16/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/16/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 47/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 48/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/16/2025		5 Payee name STRIPE		
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought
Date 07/16/2025		Payee name STRIPE		
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought
Date 07/16/2025		Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 49/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/16/2025		5 Payee name STRIPE		
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Date 07/17/2025		Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Date 07/17/2025		Payee name STRIPE		
Amount (\$) \$1.88		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 50/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/17/2025		5 Payee name STRIPE		
6 Amount (\$) \$0.29		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/18/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$5.73		Office sought Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/18/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$11.23		Office sought Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 51/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/18/2025		5 Payee name STRIPE		
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/19/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 07/21/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 52/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/21/2025		5 Payee name STRIPE			
6 Amount (\$) \$3.53		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/24/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/25/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 53/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/25/2025	5 Payee name STRIPE	
6 Amount (\$) \$3.53	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/27/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.25	Payee name STRIPE	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$11.23	Payee name STRIPE	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 54/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/28/2025		5 Payee name STRIPE			
6 Amount (\$) \$11.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/29/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 07/30/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 55/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 07/30/2025		5 Payee name STRIPE		
6 Amount (\$) \$6.83		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 07/30/2025		Payee name STRIPE		
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 07/30/2025		Payee name STRIPE		
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 56/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/30/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/30/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/31/2025		Payee name STRIPE			
Amount (\$) \$44.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 57/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/31/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/31/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/31/2025		Payee name STRIPE			
Amount (\$) \$0.56		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 58/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/31/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name STRIPE			
Amount (\$) \$6.83		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 59/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/02/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 60/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/02/2025		5 Payee name STRIPE		
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 08/02/2025		Payee name STRIPE		
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 08/02/2025		Payee name STRIPE		
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 61/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/04/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/04/2025		Payee name STRIPE			
Amount (\$) \$22.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/04/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 62/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/04/2025	5 Payee name STRIPE	
6 Amount (\$) \$5.73	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name STRIPE	
Amount (\$) \$2.43	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name STRIPE	
Amount (\$) \$11.23	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 63/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/05/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/05/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/05/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 64/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/05/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/05/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/05/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 65/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/06/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.34		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/07/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/08/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 66/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/08/2025		5 Payee name STRIPE			
6 Amount (\$) \$3.53		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/09/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/09/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 67/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID
4 Date 08/10/2025		5 Payee name STRIPE		
6 Amount (\$) \$11.23		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 08/10/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 08/10/2025		Candidate/Officeholder name Payee name STRIPE		
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 68/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/10/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/10/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/10/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 69/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/10/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/11/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/11/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 70/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/11/2025		5 Payee name STRIPE			
6 Amount (\$) \$4.63		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/11/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/12/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 71/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/12/2025		Candidate/Officeholder name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/12/2025		Candidate/Officeholder name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 72/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/12/2025	5 Payee name STRIPE	
6 Amount (\$) \$1.33	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$5.73	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.33	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.33	Payee name STRIPE	Office held
PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 73/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.78		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 74/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/12/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/12/2025		Candidate/Officeholder name Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 75/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/12/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 76/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/13/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.56		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$0.56		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 77/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/13/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 78/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/13/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$1.00		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 79/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/13/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 80/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/13/2025	5 Payee name STRIPE	
6 Amount (\$) \$0.78	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name STRIPE	
Amount (\$) \$0.45	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name STRIPE	
Amount (\$) \$5.73	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 81/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/13/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.88		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 82/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/13/2025	5 Payee name STRIPE	
6 Amount (\$) \$0.45	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name STRIPE	
Amount (\$) \$1.88	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name STRIPE	
Amount (\$) \$2.43	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 83/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/14/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/14/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/14/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 84/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/14/2025	5 Payee name STRIPE	
6 Amount (\$) \$2.43	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name STRIPE	
Amount (\$) \$7.93	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name STRIPE	
Amount (\$) \$7.93	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 85/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/14/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/14/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/14/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 86/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/14/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.67		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/14/2025		Payee name STRIPE			
Amount (\$) \$0.69		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 87/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$5.73		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$0.82		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 88/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 89/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 90/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 91/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$1.00		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 92/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$6.83		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$1.00		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$4.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 93/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.88		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 94/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$5.73		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 95/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.78		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/16/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/17/2025		Payee name STRIPE			
Amount (\$) \$0.63		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 96/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/17/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/18/2025		Payee name STRIPE			
Amount (\$) \$7.93		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/18/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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: Sch: 97/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/18/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.88		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/18/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/18/2025		Payee name STRIPE			
Amount (\$) \$11.23		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 98/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/19/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/19/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/20/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 99/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/20/2025		5 Payee name STRIPE			
6 Amount (\$) \$2.43		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/21/2025		Payee name STRIPE			
Amount (\$) \$1.33		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/21/2025		Payee name STRIPE			
Amount (\$) \$6.50		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 100/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/23/2025	5 Payee name STRIPE	
6 Amount (\$) \$2.43	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2025	Payee name STRIPE	
Amount (\$) \$2.43	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name STRIPE	
Amount (\$) \$1.33	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 101/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/25/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/28/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/29/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 102/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/29/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/29/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/31/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 103/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/01/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/02/2025		Payee name STRIPE			
Amount (\$) \$0.67		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/02/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 104/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/03/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/12/2025		Payee name STRIPE			
Amount (\$) \$0.38		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/12/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 105/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/14/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.88		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/15/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/16/2025		Payee name STRIPE			
Amount (\$) \$0.78		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 106/110 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 09/23/2025	5 Payee name STRIPE	
6 Amount (\$) \$2.43	7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name STRIPE	
Amount (\$) \$3.53	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name STRIPE	
Amount (\$) \$0.67	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 107/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 10/08/2025		5 Payee name STRIPE			
6 Amount (\$) \$1.33		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/12/2025		Payee name STRIPE			
Amount (\$) \$0.38		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2025		Payee name STRIPE			
Amount (\$) \$1.88		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 108/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 10/16/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.78		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/17/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/17/2025		Payee name STRIPE			
Amount (\$) \$2.43		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 109/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/02/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.67		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/12/2025		Payee name STRIPE			
Amount (\$) \$0.38		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/14/2025		Payee name STRIPE			
Amount (\$) \$1.88		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 110/110 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/15/2025		5 Payee name STRIPE			
6 Amount (\$) \$0.45		7 Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/12/2025		Payee name STRIPE			
Amount (\$) \$0.38		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2025		Payee name STRIPE			
Amount (\$) \$0.45		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT FACILITATOR FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/4 Rpt: 167/196	2 FILER NAME Pereyra, Felicity		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/14/2025
7 PAYEE	(a) Payee name CAPITAL ONE		(b) Payee address; City, State, Zip Code 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102
8 PURPOSE OF EXPENDITURE ☐ Political ☒ Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description ANNUAL MEMBER FEE
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$90.30	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 12/14/2025
PAYEE	(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ANALYTICS OPERATIONS
	(c) ☐ 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		
PAYMENT	(a) Amount Charged \$498.89	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/14/2025
PAYEE	(a) Payee name ZAPIER		(b) Payee address; City, State, Zip Code 548 MARKET STREET PMB 62411 SAN FRANCISCO, CA 94104
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ANALYTICS OPERATIONS
	(c) ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/4 Rpt: 168/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$24.52	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/14/2025	
7 PAYEE		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description EMAIL MARKETING	
		(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		Office sought Office held	
PAYMENT		(a) Amount Charged \$50.10	(b) Date of Charge 11/26/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name WEBFLOW		(b) Payee address; City, State, Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description WEBSITE	
		(c) ☐ 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	
PAYMENT		(a) Amount Charged \$46.90	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PRODUCTIVITY SOFTWARE	
		(c) ☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 3/4 Rpt: 169/196	2 FILER NAME Pereyra, Felicity		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$13.83	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description VIRTUAL PHONE
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$48.21	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GOOGLE		(b) Payee address; City, State, Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ANALYTICS OPERATIONS
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$9.48	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SLACK		(b) Payee address; City, State, Zip Code 500 HOWARD STREET SAN FRANCISCO, CA 94105
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PRODUCTIVITY SOFTWARE
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 4/4 Rpt: 170/196	2 FILER NAME Pereyra, Felicity		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.52	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description EMAIL MARKETING
	(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 Office sought Office held		
PAYMENT	(a) Amount Charged \$50.10	(b) Date of Charge 12/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WEBFLOW		(b) Payee address; City, State, Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description WEBSITE
	(c) ☐ 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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/23 Rpt: 171/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/20/2025		5 Payee name ADVOCACY LAB			
6 Amount (\$) \$34.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1101 CONNECTICUT AVE NW SUITE 450 WASHINGTON, DC 20036			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GRAPHIC DESIGN TEMPLATES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/23/2025		Payee name ADVOCACY LAB			
Amount (\$) \$34.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1101 CONNECTICUT AVE NW SUITE 450 WASHINGTON, DC 20036			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense GRAPHIC DESIGN TEMPLATES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/05/2025		Payee name AIRBYTE			
Amount (\$) \$10.64 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 548 MARKET STREET PMB 36845 SAN FRANCISCO, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/23 Rpt: 172/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/05/2025		5 Payee name AIRBYTE			
6 Amount (\$) \$10.64 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 548 MARKET STREET PMB 36845 SAN FRANCISCO, CA 94104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/05/2025		Payee name AIRBYTE			
Amount (\$) \$10.64 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 548 MARKET STREET PMB 36845 SAN FRANCISCO, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/05/2025		Payee name AIRBYTE			
Amount (\$) \$10.64 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 548 MARKET STREET PMB 36845 SAN FRANCISCO, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/23 Rpt: 173/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/06/2025		5 Payee name AIRBYTE			
6 Amount (\$) \$10.64 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 548 MARKET STREET PMB 36845 SAN FRANCISCO, CA 94104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/22/2025		Payee name AMAZON			
Amount (\$) \$88.74 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 410 TERRY AVENUE NORTH SEATTLE, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN EVENT SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/23/2025		Payee name DESCRIPT			
Amount (\$) \$307.01 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 351 CALIFORNIA STREET SUITE 350 SAN FRANCISCO, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VIDEO EDITING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/23 Rpt: 174/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/23/2025		5 Payee name EL BOLILLO BAKERY			
6 Amount (\$) \$50.94 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2517 AIRLINE DRIVE HOUSTON, TX 77009			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN EVENT FOOD	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/02/2025		Payee name GODADDY			
Amount (\$) \$119.31 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2155 E. GODADDY WAY TEMPE, AZ 85284			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN WEBSITE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/04/2025		Payee name GOOGLE			
Amount (\$) \$13.83 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VIRTUAL PHONE SERVICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 5/23 Rpt: 175/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/04/2025		5 Payee name GOOGLE			
6 Amount (\$) \$41.61 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2025		Payee name GOOGLE			
Amount (\$) \$16.03 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VIRTUAL PHONE SERVICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2025		Payee name GOOGLE			
Amount (\$) \$35.35 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 6/23 Rpt: 176/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/01/2025		5 Payee name GOOGLE			
6 Amount (\$) \$27.51 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VIRTUAL PHONE SERVICE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/01/2025		Payee name GOOGLE			
Amount (\$) \$35.18 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name GOOGLE			
Amount (\$) \$34.66 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 7/23 Rpt: 177/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/02/2025		5 Payee name GOOGLE			
6 Amount (\$) \$17.41 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VIRTUAL PHONE SERVICE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/01/2025		Payee name GOOGLE			
Amount (\$) \$14.75 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/25/2025		Payee name HOUSTON ISD			
Amount (\$) \$300.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4400 WEST 18TH STREET HOUSTON, TX 77092			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CANDIDATE FILING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 8/23 Rpt: 178/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 12/01/2025		5 Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
6 Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/01/2025		Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2025		Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 9/23 Rpt: 179/196		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 09/01/2025		5 Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
6 Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/02/2025		Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/02/2025		Payee name HOUSTON LGBTQ+ POLITICAL CAUCUS			
Amount (\$) \$10.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 66554 HOUSTON, TX 77266			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MONTHLY MEMBERSHIP DUES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 10/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/22/2025		5 Payee name LA BODEGUITA			
6 Amount (\$) \$20.07 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4570 IRVINGTON BLVD HOUSTON, TX 77009			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN EVENT SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/04/2025		Payee name LA TAPATIA			
Amount (\$) \$181.43 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5591 RICHMOND AVE HOUSTON, TX 77056			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ELECTION NIGHT CELEBRATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/04/2025		Payee name LA TAPATIA			
Amount (\$) \$9.47 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5591 RICHMOND AVE HOUSTON, TX 77056			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ELECTION NIGHT CELEBRATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 11/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/28/2025		5 Payee name LINKTREE			
6 Amount (\$) \$95.41 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 225 BUSH STREET SUITE 700 SAN FRANCISCO, CA 94104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL MARKETING SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/16/2025		Payee name MAILCHIMP			
Amount (\$) \$31.45 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/16/2025		Payee name MAILCHIMP			
Amount (\$) \$31.45 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 12/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/16/2025		5 Payee name MAILCHIMP			
6 Amount (\$) \$31.45 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/08/2025		Payee name MAILCHIMP			
Amount (\$) \$3.20 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2025		Payee name MAILCHIMP			
Amount (\$) \$13.86 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 13/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/02/2025		5 Payee name MAILCHIMP			
6 Amount (\$) \$1.07 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAIL MARKETING SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2025		Payee name REACH			
Amount (\$) \$150.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 228 PARK AVE S PMB 72196 NEW YORK, NY 10003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VOLUNTEER MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/14/2025		Payee name REACH			
Amount (\$) \$150.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 228 PARK AVE S PMB 72196 NEW YORK, NY 10003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VOLUNTEER MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 14/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/15/2025		5 Payee name REACH			
6 Amount (\$) \$150.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 228 PARK AVE S PMB 72196 NEW YORK, NY 10003			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VOLUNTEER MANAGEMENT SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/31/2025		Payee name REACH			
Amount (\$) \$150.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 228 PARK AVE S PMB 72196 NEW YORK, NY 10003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VOLUNTEER MANAGEMENT SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/04/2025		Payee name REV.COM			
Amount (\$) \$15.98 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 222 KEARNY STREET 8TH FLOOR SAN FRANCISCO, CA 94108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRANSCRIPTION SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 15/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/04/2025		5 Payee name REV.COM			
6 Amount (\$) \$15.98 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 222 KEARNY STREET 8TH FLOOR SAN FRANCISCO, CA 94108			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRANSCRIPTION SERVICE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/04/2025		Payee name REV.COM			
Amount (\$) \$15.98 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 222 KEARNY STREET 8TH FLOOR SAN FRANCISCO, CA 94108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRANSCRIPTION SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/04/2025		Payee name REV.COM			
Amount (\$) \$15.98 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 222 KEARNY STREET 8TH FLOOR SAN FRANCISCO, CA 94108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRANSCRIPTION SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 16/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/04/2025		5 Payee name REV.COM			
6 Amount (\$) \$15.98 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 222 KEARNY STREET 8TH FLOOR SAN FRANCISCO, CA 94108			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRANSCRIPTION SERVICE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/12/2025		Payee name SHORT.IO			
Amount (\$) \$48.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #1541 CLAYMONT, DE 19703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense URL SHORTENING SERVICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/12/2025		Payee name SHORT.IO			
Amount (\$) \$48.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #1541 CLAYMONT, DE 19703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense URL SHORTENING SERVICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 17/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 10/12/2025		5 Payee name SHORT.IO			
6 Amount (\$) \$48.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #1541 CLAYMONT, DE 19703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense URL SHORTENING SERVICE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/12/2025		Payee name SHORT.IO			
Amount (\$) \$48.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #1541 CLAYMONT, DE 19703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense URL SHORTENING SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2025		Payee name SHORT.IO			
Amount (\$) \$48.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #1541 CLAYMONT, DE 19703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense URL SHORTENING SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 18/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 10/02/2025		5 Payee name SLACK			
6 Amount (\$) \$4.82 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 500 HOWARD STREET SAN FRANCISCO, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/02/2025		Payee name SLACK			
Amount (\$) \$14.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 500 HOWARD STREET SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRODUCTIVITY SOFTWARE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/22/2025		Payee name TAQUERIA LAREDO			
Amount (\$) \$445.00 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 115 CAVALCADE HOUSTON, TX 77009			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN EVENT FOOD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 19/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/10/2025		5 Payee name TEXAS DEMOCRATIC PARTY			
6 Amount (\$) \$1,115.00 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 314 E. HIGHLAND MALL BLVD SUITE 508 AUSTIN, TX 78752			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense VOTER FILE LICENSE FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2025		Payee name WEBFLOW			
Amount (\$) \$50.11 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN WEBSITE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/25/2025		Payee name WEBFLOW			
Amount (\$) \$35.34 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN WEBSITE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 20/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 07/03/2025		5 Payee name WEBFLOW			
6 Amount (\$) \$114.98 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN WEBSITE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/02/2025		Payee name WEBFLOW			
Amount (\$) \$294.22 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 398 11TH STREET SAN FRANCISCO, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAMPAIGN WEBSITE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/08/2025		Payee name XERO			
Amount (\$) \$13.75 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 21/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 11/08/2025		5 Payee name XERO			
6 Amount (\$) \$13.75 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/08/2025		Payee name XERO			
Amount (\$) \$13.75 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/08/2025		Payee name XERO			
Amount (\$) \$4.70 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 22/23 Rpt:		2 FILER NAME Pereyra, Felicity		3 Filer ID	
4 Date 08/08/2025		5 Payee name XERO			
6 Amount (\$) \$4.70 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/09/2025		Payee name XERO			
Amount (\$) \$4.70 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 MONTGOMERY STREET SUITE 200 SAN FRANCISCO, CA 94111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ACCOUNTING SOFTWARE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2025		Payee name ZAPIER			
Amount (\$) \$95.71 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 548 MARKET STREET PMB 62411 SAN FRANCISCO, CA 94104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TECHNOLOGY		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 23/23 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 07/26/2025	5 Payee name ZAPIER	
6 Amount (\$) \$255.71 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 548 MARKET STREET PMB 62411 SAN FRANCISCO, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TECHNOLOGY	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ANALYTICS OPERATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 08/28/2025	5 Payee name AMALGAMATED BANK	
6 Amount (\$) 64.00	7 Payee Address; City; State; Zip 275 7TH AVENUE NEW YORK, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) BANK SERVICE FEES
Date 09/26/2025	Payee name AMALGAMATED BANK	
Amount (\$) 14.00	Payee Address; City; State; Zip 275 7TH AVENUE NEW YORK, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) BANK SERVICE FEES
Date 10/29/2025	Payee name AMALGAMATED BANK	
Amount (\$) 14.00	Payee Address; City; State; Zip 275 7TH AVENUE NEW YORK, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) BANK SERVICE FEES
Date 11/26/2025	Payee name AMALGAMATED BANK	
Amount (\$) 32.00	Payee Address; City; State; Zip 275 7TH AVENUE NEW YORK, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) BANK SERVICE FEES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Pereyra, Felicity	3 Filer ID
4 Date 12/30/2025	5 Payee name AMALGAMATED BANK	
6 Amount (\$) 14.00	7 Payee Address; City; State; Zip 275 7TH AVENUE NEW YORK, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) BANK SERVICE FEES

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

Sch: 1/1 Rpt: 196/196

2 FILER NAME

Pereyra, Felicity

3 Filer ID

4 Date

12/27/2025

5 Name of person from whom amount is received

CAPITAL ONE

8 Amount (\$)

\$17.14

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

1680 CAPITAL ONE DRIVE

MCLEAN, VA 22102

7 Purpose for which amount is received

CREDIT CARD CASH BACK

☐ Check if political contribution returned to filer