Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 1 of 25

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

RECEIVED OCT 31 2001 CITY SECRETARY

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Alfred | MI

NICKNAME | LAST: flores | SUFFIX: Jr.

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 6669 Merry Lane Houston, Texas 77023 | APT / SUITE #: | CITY: | STATE: | ZIP CODE

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Joe | MI: L.

NICKNAME | LAST: Aguilar | SUFFIX: Jr.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2601 Un derwood Rd. | APT / SUITE #: | CITY: La Porte, | STATE: Texas | ZIP CODE 77571

7 CAMPAIGN TREASURER PHONE

AREA CODE (281) | PHONE NUMBER 470-7799 | EXTENSION

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 $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month 10 / Day 07 / Year 01 THROUGH Month 10 / Day 29 / Year 01

10 ELECTION

ELECTION DATE: Month 11 / Day 06 / Year 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council Rep. -District I

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: | Apt. / Suite #: | City: | State: | Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$22,899.75

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$28,057.49

OUTSTANDING LOAN TOTALS

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

19 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.

LORENA M. CHAVEZ
Notary Public, State of Texas
My Commission Expires
August 14, 2005

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Al Flores Jr., this the 29th day of October, 2001, to certify which, witness my hand and seal of office.

Lorena M. Chavez — Signature of officer administering oath

Lorena M. Chavez — Printed name of officer administering oath

Secretary — Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/7	Mr. Hutchinson [redacted] Houston, TX 77087	$20.00	

9 Principal occupation (Optional): 10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27	G.D. Gaedcke Interest [redacted] Houston, TX 77019	$100.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/2	Dan L. Duncan [redacted] Houston, TX 77210	$1,000.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3	John O'Dell [redacted] Houston, TX 77057	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/5	Fiestas Patrias [redacted] Houston, TX 77207	$200.00	

Principal occupation (Optional): Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/8	David P. Matthews [redacted] Houston, TX 77002	$100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/1	C Club PAC Account [redacted] Houston, TX 77210	$3000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/18	Paula E. Adams [redacted] Houston, TX 77024	$250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16	Elizabeth Zermeno [redacted] Houston, TX 77020	$250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18	Patricia Flores [redacted] Houston, TX 77009	$25.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/5	Frank Douglas [redacted] Houston, TX 77019	$200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Sherilyn D. Edwards [redacted] Houston, TX [redacted]1007	$50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Laura M. Camarillo [redacted] Houston, TX 77006	$25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Angelica Hernandez [redacted] Houston, TX 77027	$25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18	M.S. Frost Hanchen [redacted] Houston, TX 77005	$50.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23	Mr. Will Luckett [redacted] Houston, TX 77087	$50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Mr. Joe Villarreal [redacted] Houston, TX 77020	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Jay and Juana Olivarez [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional) 77027

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Alfonso Chavez Diaz [redacted] Hou, TX 77093	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Patrick Chaudior [redacted] Hou Texas 77056	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23	John Castillo Campaign [redacted] Hou, Texas 77023	1,500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Arturo DeLeON [redacted] Houston, Texas 77098	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Antonio Balderas [redacted] Houston Texas 77057	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Linda Morales [redacted] Houston Texas 77006	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Russell Ybarra [redacted] Pasadena, Texas	100.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23	Eugene Ybarra [redacted] Baytown, Texas 77520	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Erick Ybarra [redacted] Baytown, Texas 77520	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Troy Ybarra [redacted] Friendswood, Texas 77546	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Roland Ybarra [redacted] LaPorte, Texas 77571	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23	Yolanda Navarro Flores [redacted] Houston, Texas	25.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Jorge L. Casimiro [redacted] Houston Texas 77019	1,000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Carlos & Dorothy Rivera [redacted] Houston, Texas 77075	2,500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Randall Wong [redacted] Houston, Texas 77024	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Paula & Tom Bazan [redacted] Houston, Texas 77040	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Mary F. Cuellar [redacted] Houston, Texas 77087	50.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/25	Deann Castillo [redacted] Houston, TX 77002	25.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Robert & Nelly Trevino Santos [redacted] Houston, Texas 77042	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Elia G. or Senovio Mata [redacted] Houston Texas 77029	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Hortencia Zacaro [redacted] Houston, Texas 77023	20.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Michelle Miller [redacted] Houston Texas 77024	250.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/26	Rigo Flores [redacted] Houston, TX 77092	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10	Frank E. Naddney Enterprises [redacted] P.O. Box 24457 Houston, Texas 77229	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22	Sellers Brothers Investments LTD Ronnie Sellers [redacted] Houston Texas 77087	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Alfred and Dduanna Oglesby [redacted] Sugarland, Texas 77479	2,000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24	Donald & Cara Looper [redacted] Houston Texas 77057	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10 of 11

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24	Rose-Al Banna [redacted] Houston Texas 77019	1,000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Mr. James H. Greer [redacted] Houston Texas 77248	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/25	Spectrum Metal Recycling [redacted] Houston, Texas 77012	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26	Joseph & Anita Longoria [redacted] Houston, Texas 77008	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26	Katherine Perricone [redacted] Houston, TX 77023	$55.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11 of 11

2 FILER NAME: AL FLORES CAMPAIGN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-29-01	JOHN CASTILLO CAMPAIGN [redacted] HOUSTON, TEXAS 77023	4,554.75	GET OUT THE VOTE

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/9	Texas Printing 4715 Main Street Houston TX 77002	$3,000.00

8 Purpose of payment (See instructions regarding type of information required.): signs for campaign

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/12	Jesse Garcia 103 Birch BOX 642 Wallis, Texas 77485	$150.00

Purpose of payment (See instructions regarding type of information required.): phone repair.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/13	Office Depot 6888 Gulf Freeway, Houston, TX 77087	$51.95

Purpose of payment (See instructions regarding type of information required.): office supplies.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/14	CMGV Worldwide 3730 Kirby, Suite 418, Houston TX, 77098	$3,500.00

Purpose of payment (See instructions regarding type of information required.): political consulting fees

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14	CMGV Worldwide 3730 Kirby, Suite 418, Houston Texas 77098	$262.50

8 Purpose of payment (See instructions regarding type of information required.): political consulting fees

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14	CMGV Worldwide 3730 Kirby, Suite 418, Houston TX 77098	$4,175.00

Purpose of payment (See instructions regarding type of information required.): political consulting fees

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17	Texas Sign & Display 4715 Main St. Houston, TX 77002	$1887.49

Purpose of payment (See instructions regarding type of information required.): signs for campaign.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18	Sam's Club 11249 Fuqua, Houston, Texas 77089	$170.05

Purpose of payment (See instructions regarding type of information required.): food for fundraiser

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/14	PostMaster 1319 Richmond Ave. Houston, TX 77006	$187.00

8 Purpose of payment (See instructions regarding type of information required.): postage

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/17	Patricia Sheldon 16115 Maplehurst Houston, TX 77379	$1,690.59

Purpose of payment (See instructions regarding type of information required.): Fundraising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/17	Georgia Jenkins 4328 Tampico Houston, TX 77016	$1,720.00

Purpose of payment (See instructions regarding type of information required.): campaign work.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/17	Sam's Club 11249 Fuqua, Houston, Texas 77089	$109.27

Purpose of payment (See instructions regarding type of information required.): supplies.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
10/19	WC Management 1545 Ashland, Houston, Texas 77008	$2793.31

8 Purpose of payment (See instructions regarding type of information required.): mailing.

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
10/19	CMGV worldwide 3730 Kirby, Suite 418, Houston, TX 77098	$1,892.21

Purpose of payment (See instructions regarding type of information required.): political consulting fees

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
10/19	Autobuses Adame 3200 Telephone Houston, TX 77023	$250.00

Purpose of payment (See instructions regarding type of information required.): rental of bus.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
10/23	Daniel Vega 116 Velasco Houston, Texas 77002	$118.40

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23	Jesse Mottu 3314 Kelton Houston TX 77023	$50.62

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23	Angela Garcia 7613 Avel Houston, Tx 77002	66.08

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23	Lorena Medina 4809 Winnetka 77021 Houston, Tx	$135.14

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23	Fernando Gomez 12638 Sandyhook Houston, Tx	$63.96

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City State Zip Code	7 Amount ($)
10/23	Paul Cantu 7517 Bradford Houston, TX	$30.90

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City State Zip Code	Amount ($)
10/23	Raymundo Castañeda 7231 Gillen Houston, TX	$48.93

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City State Zip Code	Amount ($)
10/23	David LARa 6154 Andwood Houston, TX	$33.48

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City State Zip Code	Amount ($)
10/23	Omega Peña 8535 Glenloch Houston, TX 77061	$96.97

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 12

2 FILER NAME: Al Flores Campaign.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/23	Clara Nguyen 8250 Park Place #511 Houston, TX 77017	118.45

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/23	Noche Cocina 2409 Montrose Houston, Texas	277.21

Purpose of payment (See instructions regarding type of information required.): fundraiser

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/24	Janet Beltran 14002 Merry Meadow, Houston, TX 77015	$58.76

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/24	Daniel Aguirre 7260 Clayton, Houston, TX 77061	$86.00

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 OF 12

2 FILER NAME: Al Flores Campaign

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24	Serda Castaneda 7231 Gillen Houston, TX	$51.91

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Mirla Lopez 7211 La Paseo Houston, TX 77087	$33.12

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Miguel Lara 6154 Andwood Houston, Texas	$88.37

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Monica Romo 7832 1/2 Ave. B Houston, TX 77012	$15.45

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 of 12

2 FILER NAME: Al Flores Campaign.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24	Brenda Lopez 109 Jamica Houston, TX 77012	$15.45

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Claudia Garcia 9335 E. Ave O Houston TX 77012	$52.32

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Miguel Gaytan. 8425 Winkler #46 Houston, TX	$51.50

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24	Tram Nguyen 8250 Park Place #5111 Houston, TX 77017	36.05

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10 of 12

2 FILER NAME: Al Flores Campaign.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10/24	Nataly Parra 8345 Park Place #48 Houston, Tx 77017	$53.61

8 Purpose of payment (See instructions regarding type of information required.): campaign help

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/24	Erica Ortiz 6601 Ave J Houston, TX 77011	$57.94

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/24	Fidela Torres 7222 Eagle Pass Houston, TX 77020	$54.08

Purpose of payment (See instructions regarding type of information required.): campaign help.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
10/24	Enrique Vasquez Houston, Texas.	$18.44

Purpose of payment (See instructions regarding type of information required.): campaign help

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 11 OF 12

2 FILER NAME: Al Flores Campaign.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24	East Harris County Senior Citizen P.O. Box 231554, Houston, Texas 77223	$24.00

8 Purpose of payment (See instructions regarding type of information required.): sponsorship

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25	Postmaster 5415 Lawndale Houston, TX 77023	$340.00

Purpose of payment (See instructions regarding type of information required.): Postage.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/26	CMGV Worldwide. 3730 Kirby, Suite 418 Houston, TX 77098	$2,315.48

Purpose of payment (See instructions regarding type of information required.): political consulting fees

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/26	WC Management 402 West 16th Street, Houston, TX 77008	$2,793.31

Purpose of payment (See instructions regarding type of information required.): mailing.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12 of 12

2 FILER NAME: Al Flores Campaign.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/26	Noemi Bermejo Prentiss Houston, TX	$32.19

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
campaign help	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

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