

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 File #)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Cidia Flores</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center; border: 1px solid black; padding: 5px;">SEP 26 2014</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT./SUITE # CITY STATE ZIP CODE <div style="font-size: 1.5em; text-align: center;">893 SA TX 76904</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; text-align: center;">(326) 655-9567</div>		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Yolanda Lozano</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT./SUITE # CITY STATE ZIP CODE <div style="font-size: 1.5em; text-align: center;">2771 Martedame SA TX 76904</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; text-align: center;">(325) 340-7114</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 35th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (if candidate only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Expedited \$500 limit <input type="checkbox"/> Final report (Attach C/OH - PR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; text-align: center;">7 15 2014 THROUGH 10 6 2014</div>		
11 ELECTION	Month Day Year ELECTION DATE ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.5em; text-align: center;">11 4 2014</div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE BOUGAT (if known) <div style="font-size: 1.5em; text-align: center;">County Commissioner At 3</div>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cidia Flores 15 ACCOUNT # (Ethics Commission File #)

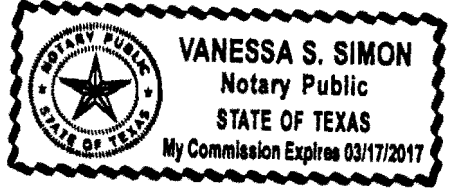
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ 483.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,433.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,696.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,448.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 405.00

18 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.

Cidia Flores
Signature of Candidate or Officeholder

ATTN: NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cidia Flores, this the 26th day of Sept, 20 14, to certify which, witness my hand and seal of office.

Vanessa S. Simon Vanessa S. Simon Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME: Cidre Flores	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 7/24/2014	5 Payee name: ProLabel
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6 Amount (\$): 23.85	7 Payee address, City, State, Zip Code: 3415 W. Fairwood Court Olney, MD 20832
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/2014	Payee name Factory Surplus
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Amount (\$) \$99.47	Payee address, City, State, Zip Code 14330 S. U.S. Hwy 71 Kansas City, MO 64117
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/14	Payee name Standard Times
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Amount (\$) 151.41	Payee address, City, State, Zip Code San Angelo, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/25/14	Payee name Office Repots
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Amount (\$) 15.13	Payee address, City, State, Zip Code Sunset SA TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>Cedric Flores</i>	3 ACCOUNT # (Ethics Commission Files)
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4 Date <i>8/28/14</i>	5 Payee name <i>Lamar</i>
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6 Amount (\$) <i>1,350.</i>	7 Payee address; City; State; Zip Code <i>504 S. Oakes St. SA, TX 76903</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/18</i>	Payee name <i>Pro Label</i>
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Amount (\$) <i>\$44.74</i>	Payee address; City; State; Zip Code <i>3415 Lantwood Court. Olney, Mo. 64832</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/23</i>	Payee name <i>Elections Office</i>
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Amount (\$) <i>14.62</i>	Payee address; City; State; Zip Code <i>113 W. Beauregard San Angelo TX 76903</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (if travel outside of Texas, complete Schedule T) <i>Voter File</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME <i>Cecilia Flores</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 7/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 49,000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 10,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1. Instructions (See instructions)

2. Full Name

Cecilia Horner

3. Committee (See Instructions)

4. Date

8/20

5. Full name of contributor

Gerald Ratliff

7. Amount of contribution (\$)

100.00

8. In-kind contribution description (if applicable)

6. Contributor address: City, State, Zip Code

125 S. driving SA TX 76902

(If travel, include Texas completion form)

9. Principal occupation / Job title (See Instructions)

Attorney

10. Employer (See Instructions)

Date

8/20

Full name of contributor

Sara Sparks

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

314 W. Harris

(If travel, include Texas completion form)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

8/20

Full name of contributor

Eddie Sosa

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

3857 High Meadow SA TX 76904

(If travel, include Texas completion form)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address: City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address: City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

Cedric Stover

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/8

5 Full name of contributor out-of-state PAC (ID# _____)

Tracy Mossell

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2124 Guadalupe St SA TX 76901

(if travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

8/8

Full name of contributor out-of-state PAC (ID# _____)

Manuel Guimare

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2602 Abilene SA TX 76901

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/8

Full name of contributor out-of-state PAC (ID# _____)

Frank Hernandez

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2001 Christoval Rd. SA TX 76903

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20

Full name of contributor out-of-state PAC (ID# _____)

Michelle Taylor-Chiano

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1726 Amburst Dr. SA TX 76901

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

8/17

Full name of contributor out-of-state PAC (ID# _____)

Gene Franks

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3381 W, FM 2105 SA TX 76901

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>Cidia Flores</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>9/2/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Emilio Rey Jimenez</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>1205 Gordon Blvd SA TX 76905</i>		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>9/8</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) <i>49.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) <i>10.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/8</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Nicolas Arteaga</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2101 S. Irving SATX 76903</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>9/19/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Monette Malnar</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2001 Christoval Rd. 76903</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Manager/owner</i>		Employer (See Instructions) <i>Self Employed</i>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

Cedra Flare

3 ACCOUNT # (Ethics Commission Files)

4 Date

9/19

5 Full name of contributor out-of-state PAC (ID# _____)

6 Contributor address: City, State, Zip Code

7 Amount of contribution (\$)

40.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC (ID# _____)

Contributor address: City, State, Zip Code

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/19

Full name of contributor out-of-state PAC (ID# _____)

Contributor address: City, State, Zip Code

Dr. Araldo Nelson

2901 Oak Forest

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ASU

Date

7/19

Full name of contributor out-of-state PAC (ID# _____)

Contributor address: City, State, Zip Code

Ivey Mossell

2124 Guadalupe, SA 76901

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC (ID# _____)

Contributor address: City, State, Zip Code

Michelle Chin

1776 Anhurst Dr. SA TX 76901

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

Cecilia Nunez

3 ACCOUNT # (Ethics Commission Files)

4 Date

9/19

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/19

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>Cedric Stuenkel</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>9/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) <i>20.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 The above Schedule A

2 FILER NAME

Cecilia Flores

3 OCCASION (Date, Event, etc.)

4 Date

9/19

5 Full name of contributor out-of-state PAC

6 Contributor address: City, State, Zip Code

7 Amount of contribution (\$) *30.00*

8 In-kind contribution description (if applicable)

(If there are multiple entries, complete this)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC

Contributor address: City, State, Zip Code

*Jinda Shumaker
P.O. Box 62892
SA TX 76906*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Postage / Stationery

(If there are multiple entries, complete this)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC

Contributor address: City, State, Zip Code

*Monette Molinar
2001 Christoval Rd.
SA TX*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Drinks

(If there are multiple entries, complete this)

Principal occupation / Job title (See Instructions)

Financial Center

Employer (See Instructions)

Self Employed

Date

9/19

Full name of contributor out-of-state PAC

Contributor address: City, State, Zip Code

*Yolanda Rojas
2771 Montedame
SA TX 76904*

Amount of contribution (\$)

In-kind contribution description (if applicable)

FOOD

(If there are multiple entries, complete this)

Principal occupation / Job title (See Instructions)

Tax Specialist

Employer (See Instructions)

#HR Block

Date

9/19

Full name of contributor out-of-state PAC

Contributor address: City, State, Zip Code

*Mary Puente
7725 Redbird Dr
SA TX 76901*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Paper products

(If there are multiple entries, complete this)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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