

# 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 (Ethics Commission Filers)

2 Total pages filed: **10**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**William R.**  
NICKNAME LAST SUFFIX  
**"Rudy" FLORES**

OFFICE USE ONLY

Date Received

Filed For Record  
Time **10:10 am**

**FEB 05 2024**

Casey Brown  
Elections Administrator  
By **[Signature]** Deputy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE  
**1020 E. LACY ST.  
PALESTINE, TX 75801**

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(903) 922-1232**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**REBECCA D.**  
NICKNAME LAST SUFFIX  
**"BECKY" FLORES**

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE  
**1020 E. LACY ST.  
PALESTINE, TX 75801**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(903) 922-1232**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**01 / 15 / 2024 THROUGH 02 / 04 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**03 / 05 / 2024**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| WILLIAM R. FLORES              |   |   |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 70 <sup>00</sup>                           |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 4982 <sup>93</sup>                         |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2826 <sup>05</sup>                         |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 15436 <sup>60</sup>                        |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0  |

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is WILLIAM R. FLORES, and my date of birth is 11-17-1963

My address is 1020 E. LACY ST., PALESTINE TX 75801 USA.  
(street) (city) (state) (zip code) (country)

Executed in ANDERSON County, State of TEXAS, on the 4<sup>th</sup> day of FEBRUARY, 2024.  
(month) (year)

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

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br>WILLIAM R. FLORES        |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 4320 <sup>00</sup>                         |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 662 <sup>93</sup>                          |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0  |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 2826 <sup>05</sup>                         |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                           |  | 1 Total pages Schedule A1: <b>4</b>                      |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>  |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>01-17-2024</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MARK DAVIS</b> | 7 Amount of contribution (\$) <b>\$ 200<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>PO B 1093 PALESTINE TX 75802</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)                               |  | 9 Employer (See Instructions)                            |

|  |  |  |
|--|--|--|
| Date<br><b>01-19-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JEAN MOLLARD</b> | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>400 N. QUEEN PALESTINE TX 75801</b> |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                            |

|   |   |  |
|---|---|--|
| Date<br><b>01-19-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>NAT COLEMAN</b> | Amount of contribution (\$) <b>\$ 500<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>4500 FM 2419 PALESTINE, TX 75801</b> |   |  |
| Principal occupation / Job title (See Instructions)                                   |   | Employer (See Instructions)                            |

|  |  |  |
|--|--|--|
| Date<br><b>01-19-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ROD BARNES</b> | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>3594 ACE 436 FRANKSTON TX 75763</b> |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                            |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                             |  | 1 Total pages Schedule A1: <b>4</b>                         |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>01-21-2024</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MATT CAWTHON</b> | 7 Amount of contribution (\$)<br><b>\$ 150<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>POB 611 CHINA SPRINGS TX 76633</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)                                 |  | 9 Employer (See Instructions)                               |

|  |  |  |
|--|--|--|
| Date<br><b>01-24-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>EDWIN LINK</b> | Amount of contribution (\$)<br><b>\$ 50<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>509 MICHEAUX PALESTINE TX 75801</b> |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                              |

|   |  |   |
|---|--|---|
| Date<br><b>01-24-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>THOMAS PALUMBO</b> | Amount of contribution (\$)<br><b>\$ 500<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>POB 839 FRANKSTON TX 75763</b> |  |   |
| Principal occupation / Job title (See Instructions)                             |  | Employer (See Instructions)                               |

|   |  |  |
|---|--|--|
| Date<br><b>01-31-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ALANA VARELA</b> | Amount of contribution (\$)<br><b>\$ 1000<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>PO BOX 3606 PALESTINE TX 75802</b> |  |  |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                                |

|  |  |  |
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form. |   | 1 Total pages Schedule A1: <b>4</b>                      |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>                  |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>01-31-2024</b>                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JACKSON HANKS</b> | 7 Amount of contribution (\$) <b>\$ 300<sup>00</sup></b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>POB 2458 PALESTINE TX 75802</b>                        |  |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                            |

|   |   |  |
|---|---|--|
| Date<br><b>01-31-2024</b>                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RACHAEL JOHNSON</b> | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b> |
|   | Contributor address; City; State; Zip Code<br><b>POB 1252 PALESTINE TX 75802</b>                          |  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)                            |

|   |  |  |
|---|--|--|
| Date<br><b>01-31-2024</b>                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>TOM BALL</b> | Amount of contribution (\$) <b>\$ 200<sup>00</sup></b> |
|   | Contributor address; City; State; Zip Code<br><b>1075 FM 343E. RUSK TX 75785</b>                   |  |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)                            |

|   |  |  |
|---|--|--|
| Date<br><b>02-03-2024</b>                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CARL White</b> | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b> |
|   | Contributor address; City; State; Zip Code<br><b>PO Box 99 TENNESSEE Colony TX 75861</b>             |  |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)                            |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                                 |  | 1 Total pages Schedule A1: <b>4</b>                         |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>02-03-2024</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CAROLINE HICKS</b> | 7 Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>16999 N. SH. 19 PALESTINE TX 75803</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)                                     |  | 9 Employer (See Instructions)                               |
| Date<br><b>02-31-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>SUGAR RAY WILSON</b> | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1715 MLK BLVD. PALESTINE TX 75801</b>    |  |   |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                 |
| Date<br><b>01-25-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DAVID MENDIOLA</b>   | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1904 FM-319 EIKHART 75809</b>            |  |   |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                 |
| Date<br><b>01-25-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JOHN PYLE</b>        | Amount of contribution (\$)<br><b>\$ 500<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>891 ACR 139 PALESTINE TX 75803</b>       |  |   |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                                 |

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A2: <b>2</b>   |  |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$  |  |
| 5 Date<br><b>02-01-2024</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>VIRGINIA VOTTZ<br/>ANN MAXWELL, JOSEPH MAXWELL</b> | 8 Amount of Contribution \$<br><b>+ 112.93</b>                                  | 9 In-kind contribution description<br><b>FOOD</b>      |
| 7 Contributor address: _____ City: _____ State: _____ Zip Code _____<br><b>1779 ACR 437 FRANKS TOWER 75763<br/>POB 726 FRANKSTON TX 75763</b>                                    |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |  |
| 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)  |  |   |  |
| Date<br><b>01-25-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>STEPHANZE GREST / RED DIRT PHOTOGRAPHY</b>           | Amount of Contribution \$<br><b>+ 250.00</b>                                    | In-kind contribution description<br><b>PHOTOGRAPHY</b> |
| Contributor address: _____ City: _____ State: _____ Zip Code _____<br><b>ELKHART TX</b>  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |  |



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.                                    |   | 1 Total pages Schedule A2: <b>2</b>   |   |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$  |   |
| 5 Date<br><b>02-03-2024</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rump's BBQ / SUSAN Mc GRIFF</b> | 8 Amount of Contribution \$<br><b>\$300.00</b>                                  | 9 In-kind contribution description<br><b>FOOD</b> |
| 7 Contributor address; City; State; Zip Code<br><b>120 FM 3328 TENNESSEE COLONY TX 75803</b> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                    |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |   |
| 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)                  |   |   |   |

|  |   |   |                                  |
|--|---|---|----------------------------------|
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$   | In-kind contribution description |
|  | Contributor address; City; State; Zip Code                                      |   |                                  |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                  |
| Contributor's principal occupation (FOR JUDICIAL)                        |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |   |                                  |

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                            |  |                                       |
|----------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>WILLIAM R. FLORES</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                             |                                    |
|-----------------------------|------------------------------------|
| 4 Date<br><b>01-24-2023</b> | 5 Payee name<br><b>BROOKSHIRES</b> |
|-----------------------------|------------------------------------|

|  |   |       |        |          |
|--|---|-------|--------|----------|
| 6 Amount (\$)<br><b>\$124<sup>98</sup></b> | 7 Payee address;<br><b>2107 S. LOOP 256<br/>PALESTINE, TX 75801</b> | City; | State; | Zip Code |
|--|---|-------|--------|----------|

|                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>FOOD</b>   | (b) Description<br><b>MEETING</b> |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|                           |  |
|---------------------------|--|
| Date<br><b>01-31-2024</b> | Payee name<br><b>LAMAR ADVERTISING</b> |
|---------------------------|--|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| Amount (\$)<br><b>\$2620<sup>00</sup></b> | Payee address;<br><b>2301 E. ERWIN<br/>TYLER, TX 75702</b> | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                        |   |                                  |
|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | Description<br><b>BILLBOARDS</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                  |

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

|                           |  |
|---------------------------|--|
| Date<br><b>02-03-2024</b> | Payee name<br><b>TRACTOR SUPPLY<br/>2200 S. LOOP 256 PALESTINE, TX 75801</b> |
|---------------------------|--|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| Amount (\$)<br><b>\$810<sup>7</sup></b> | Payee address;<br><b>2200 S. LOOP 256 PALESTINE TX 75801</b> | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | Description<br><b>T-POSTS, WIRE TIES FOR SIGNS</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 (Ethics Commission Filers)   | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>William R.<br>NICKNAME LAST SUFFIX<br>"Rudy" FLORES  | <div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p align="center"><b>Filed For Record</b><br/>Time <del>11:40</del><br/><b>FEB 26 2024</b></p> <p>Date <del>Casey Brown</del> <b>Casey Brown</b> <del>Elections Administrator</del> <b>Elections Administrator</b> marked<br/>By <del>_____</del> <b>_____</b> <del>deputy</del> <b>deputy</b></p> <p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div> |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE<br>1020 E. LACY ST.<br>PALESTINE, TX 75801  |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(903) 922-1232   |   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>REBECCA D.<br>NICKNAME LAST SUFFIX<br>"BECKY" FLORES   |   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE<br>1020 E. LACY ST.<br>PALESTINE, TX 75801   |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( )  |   |                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                      |
| 10 PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>02 / 05 / 2024      THROUGH      02 / 26 / 2024   |   |                      |
| 11 ELECTION  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>03 / 05 / 2024 <input type="checkbox"/> General <input type="checkbox"/> Special  |   |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>SHERIFF  | 13 OFFICE SOUGHT (if known)<br>SHERIFF  |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |   |                      |
|  | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS  |                      |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** WILLIAM R. FLORES **16 Filer ID (Ethics Commission Filers)**

|                                |   |                         |
|--------------------------------|---|-------------------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 120 <sup>00</sup>    |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 13,220 <sup>00</sup> |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                    |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 15,125 <sup>67</sup> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 15775 <sup>46</sup>  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                    |

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is William R. Flores, and my date of birth is 11-17-1963.  
 My address is 1020 E. Lacy St., Palestine Tx. 75801 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Anderson County, State of Texas, on the 25 day of February, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

WILLIAM R. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                          |  |                         |
|-----|--------------------------|--|-------------------------|
| 1.  | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 12670 <sup>00</sup>  |
| 2.  | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 550 <sup>00</sup>    |
| 3.  | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0                    |
| 4.  | <input type="checkbox"/> | SCHEDULE E: LOANS  | \$ 5000 <sup>00</sup>   |
| 5.  | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 15,125 <sup>67</sup> |
| 6.  | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                    |
| 7.  | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                    |
| 8.  | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                    |
| 9.  | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                    |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                    |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                    |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                    |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><b>6</b>                        |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |   | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>02-22-2024</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RICK HARDY</b>    | 7 Amount of contribution (\$)<br><b>\$ 1,000<sup>00</sup></b> |
|  | 6 Contributor address; City; State; Zip Code<br><b>2201 MONZCALN. PALESTINE TX 75803</b>                  |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                                 |
| Date<br><b>02-09-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DAVID THOMPSON</b>  | Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b>     |
| Contributor address; City; State; Zip Code<br><b>101 KERWOOD PLACE<br/>PALESTINE, TX 75801-4710</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                   |
| Date<br><b>02-06-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>WYMA MISSILDINE</b> | Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b>     |
| Contributor address; City; State; Zip Code<br><b>380 ACR 414<br/>PALESTINE, TX 75801</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                   |
| Date<br><b>02-09-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BRANDI SCOTT</b>    | Amount of contribution (\$)<br><b>\$ 700<sup>00</sup></b>     |
| Contributor address; City; State; Zip Code<br><b>1475 ACR 336 PALESTINE, TX 75803</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1: <b>6</b>                      |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>  |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>02-13-2024</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>CURTIS FITZGERALD</b> | 7 Amount of contribution (\$) <b>\$ 200<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>1000 HAZENLANDS DR. PALASTINE, TX 75801-5226</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                            |

|   |  |  |
|---|--|--|
| Date<br><b>02-12-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>JAMES M. LINK</b> | Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>239 ACR 2217 TENNESSEE COLONY, TX 75861-2301</b> |  |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                              |

|   |  |  |
|---|--|--|
| Date<br><b>02-10-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>MARK B. EDWARDS</b> | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>1839 ACR 442 PALASTINE TX 75803-0915</b> |  |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                            |

|   |   |   |
|---|---|---|
| Date<br><b>02-10-2024</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>KAYLA WARREN</b> | Amount of contribution (\$) <b>\$ 5000<sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>172 PR6202 PALASTINE, TX 75803</b> |   |   |
| Principal occupation / Job title (See Instructions)                                 |   | Employer (See Instructions)                             |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>6</b>                      |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>02-09-2024</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>ALLEN O'NEAL</b> | 7 Amount of contribution (\$) <b>\$ 750<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. Box 2922 Palestine, TX 75802-2922</b>  |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                            |
| Date<br><b>02-15-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>BRUCE SWART</b>    | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>108 BUCKHORN Palestine, TX 75801</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                              |
| Date<br><b>02-10-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>CAROLINE HICKS</b> | Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>16999 N. SH-19 Palestine, TX 75803</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                              |
| Date<br><b>02-09-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>CLIFF JOHNSON</b>  | Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 770 Palestine, TX 75802</b>  |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                              |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1: <b>6</b>                         |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>02-15-2024</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>D.R. WALLACE</b> | 7 Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>1363 ACR 2107 PALESTINE, TX 75801</b>   |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                               |
| -----  |   |   |
| Date<br><b>02-16-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>JANET STAPLES</b>  | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>7 ANDERSON DR. PALESTINE, TX 75801-4857</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |
| -----  |   |   |
| Date<br><b>02-09-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>JOHN DAVES</b>     | Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>43 WOODSHAM DR. MONTGOMERY, TX 77356-8384</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |
| -----  |   |   |
| Date<br><b>02-15-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joy Phillips</b>   | Amount of contribution (\$)<br><b>\$ 200<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1014 E. LACY ST. PALESTINE, TX 75801</b>  |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |
| -----  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>6</b>                      |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>02-16-2024</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>MELANIE E. BURGER</b> | 7 Amount of contribution (\$) <b>\$ 250<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>30210 LEGACY PINES DR. SPRING, TX 77386-3208</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                            |
| Date<br><b>02-15-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>PAT CAMP</b>            | Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1720 FM 2419 PALESTINE, TX 75801-0806</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>02-15-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>STEPHEN PRATHER</b>     | Amount of contribution (\$) <b>\$ 1000<sup>00</sup></b>  |
| Contributor address; City; State; Zip Code<br><b>14919 TIMBERLAND CT. HOUSTON, TX 77062-2922</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>02-15-2024</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>DLILA S. WALLACE</b>    | Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>112 ROSEWOOD PALESTINE, TX 75801</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1: <u>6</u>                      |
| 2 FILER NAME<br><u>WILLIAM R. FLORES</u>  |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><u>02-22-2024</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>TUCKER B. ROYALL</u>                  | 7 Amount of contribution (\$) <u>\$ 250<sup>00</sup></u> |
| 6 Contributor address; City; State; Zip Code<br><u>412 S. Royall St. Palestine, TX 75801-3638</u> |  |  |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                            |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                              |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                              |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                              |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                              |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                              |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                              |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |  |   |   |
|--|--|---|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A2: <u>2</u>   |   |
| 2 FILER NAME<br><u>WILLIAM R. FLORES</u>   |  | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <u>7009.00 NA</u>  |   |
| 5 Date<br><u>02-08-2029</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>JERRY ORNELES</u> | 8 Amount of Contribution \$<br><u>\$200.00</u>                                  | 9 In-kind contribution description<br><u>FOOD</u>       |
| 7 Contributor address; City; State; Zip Code<br><u>17589 N. SH 19 MONTAUBA, TX 75853</u>   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |   |
| 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)  |  |   |   |
| Date<br><u>02-13-2029</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>ERNIE WILLIAMS</u>  | Amount of Contribution \$<br><u>\$150.00</u>                                    | In-kind contribution description<br><u>FOOD, DRINKS</u> |
| Contributor address; City; State; Zip Code<br><u>411 W. PALESTINE AVE PALESTINE TX 75801</u>   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)  |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2: <span style="float: right;">2</span>                                     |   |
| 2 FILER NAME<br><span style="font-size: 1.2em; color: blue;">WILLIAM R. FLORES</span>  |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$ <span style="font-size: 1.2em; color: blue;">N/A</span>  |   |
| 5 Date   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><span style="font-size: 1.2em; color: blue;">MICHAEL MUÑOZ</span> | 8 Amount of Contribution \$<br><span style="font-size: 1.2em; color: blue;">200<sup>00</sup></span> | 9 In-kind contribution description<br><span style="font-size: 1.2em; color: blue;">VENUE</span> |
| 7 Contributor address; City; State; Zip Code<br><span style="font-size: 1.2em; color: blue;">204 US PARK RD. 70 PALOSTANE TX 75801</span>  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)   |   |
| 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)  |   |   |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>Contributor address; City; State; Zip Code                 | Amount of Contribution \$   | In-kind contribution description  |
|  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   | Employer (FOR NON-JUDICIAL) (See Instructions)  |   |
| Contributor's principal occupation (FOR JUDICIAL)  |   | Contributor's job title (FOR JUDICIAL) (See Instructions)   |   |
| Contributor's employer/law firm (FOR JUDICIAL)   |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |   |   |   |

**LOANS**

**SCHEDULE E**

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

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule E:<br><b>1</b>   |
| 2 FILER NAME<br><b>WILLIAM R. FLORES</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <b>N/A</b>   |
| 5 Date of loan<br><b>02-09-2024</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>William R. Flores</b> | 9 Loan Amount (\$)<br><b>\$5000<sup>00</sup></b>  |
| 6 Is lender a financial Institution?<br>Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address; City; State; Zip Code<br><b>1020 E. Lacy St. Palestine, TX 75801</b>               | 10 Interest rate<br><b>N/A</b>  |
|  |  | 11 Maturity date<br><b>N/A</b>  |
| 12 Principal occupation / Job title (See Instructions)<br><b>SHERIFF</b>                           |  | 13 Employer (See Instructions)<br><b>ANDERSON COUNTY, TX</b>  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                           |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                 | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |

  

|   |  |   |
|---|--|---|
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$)  |
| Is lender a financial Institution?<br>Y <input type="radio"/> N <input type="radio"/> | Lender address; City; State; Zip Code                                  | Interest rate   |
|   |  | Maturity date   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                            |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                  | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code                               |   |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)   |

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>3</b>                       | 2 FILER NAME<br><b>WILLIAM R. FLORES</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>02-08-2024</b>                                  | 5 Payee name<br><b>BRADFORD CAFE</b>  |                                       |
| 6 Amount (\$)<br><b>\$32.18</b>                              | 7 Payee address; City; State; Zip Code<br><b>17589 Hwy 19 MONTALBA, TX 75853</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>  | (b) Description<br><b>FOOD</b>        |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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             |
| Date<br><b>02-09-2024</b>                                    | Payee name<br><b>Jocelyn's Donuts</b>   |                                       |
| Amount (\$)<br><b>\$65.44</b>                                | Payee address; City; State; Zip Code<br><b>2703 W. OAK ST. PALESTINE, TX 75801</b>  |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>  | Description<br><b>FOOD</b>            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| Date<br><b>02-12-2024</b>                                    | Payee name<br><b>PALESTINE HERALD PRESS</b>   |                                       |
| Amount (\$)<br><b>\$1,220.00</b>                             | Payee address; City; State; Zip Code<br><b>519 N. ELM ST. PALESTINE, TX 75801</b>   |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | Description<br><b>NEWSPAPER ADS</b>   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |                                       |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>3</b> | 2 FILER NAME<br><b>William R. FLORES</b> | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

|                             |   |
|-----------------------------|---|
| 4 Date<br><b>02-13-2024</b> | 5 Payee name<br><b>NICOL PUBLISHING COMPANY</b> |
|-----------------------------|---|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>\$280<sup>00</sup></b> | 7 Payee address; City; State; Zip Code<br><b>113 N. MAIN ST. GRAPELAND, TX 75844</b> |
|--|--|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | (b) Description<br><b>NEWSPAPER ADS</b> |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|                           |                                  |
|---------------------------|----------------------------------|
| Date<br><b>02-14-2024</b> | Payee name<br><b>BROOKSHIRES</b> |
|---------------------------|----------------------------------|

|  |   |
|--|---|
| Amount (\$)<br><b>\$301<sup>47</sup></b> | Payee address; City; State; Zip Code<br><b>2107 S. LOOP 256 PALASTINE, TX 75801</b> |
|--|---|

|                        |   |                            |
|------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>  | Description<br><b>FOOD</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                            |

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

|                           |   |
|---------------------------|---|
| Date<br><b>02-09-2024</b> | Payee name<br><b>MAMMOTH MARKET INC</b> |
|---------------------------|---|

|   |  |
|---|--|
| Amount (\$)<br><b>\$6613<sup>29</sup></b> | Payee address; City; State; Zip Code<br><b>4500 BISSONNET ST., STE 370 BELLARE, TX 77401</b> |
|---|--|

|                        |   |                                   |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | Description<br><b>DIRECT MAIL</b> |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                   |

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><u>3</u>                       | <b>2</b> FILER NAME<br><u>WILLIAM R. FLORES</u>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name<br><u>MAMMOTH MARKETING</u>  |  |
| <b>6</b> Amount (\$)<br><u>\$6613.29</u>                            | <b>7</b> Payee address; City; State; Zip Code<br><u>4500 BISSONNET ST., STE 370 BELLAIRE, TX 77401</u>   |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>ADVERTISING</u>  | <b>(b)</b> Description<br><u>DIRECT MAIL</u> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held               |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held               |

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