CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDEF NAME	Echim		Date Received
147.1112	NICKNAME LAST	SUFFIX	Pale Neceived
	Flores	SSITIA	735 BG
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	T Sha
OFFICEHOLDER MAILING	3831 Boca Bay I	Dallas Tx	一
ADDRESS		,	Date Hand-delivered or Postmarked
change of address		75244	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	1 10000
OFFICEHOLDER			Date Processed
PHONE	(214) 866 0001		C-
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Kon		
	NICKNAME LAST	SUFFIX	
	Sternhart	-	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
ADDRESS	25 Rosledo D.	alley 1x	
(residence or business)		•	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	*****
TREASURER	, ,	EXTENDION	
PHONE	()		
9 REPORT TYPE	January 15 📉 30th day before election	Runoff	15th day after campaign
	T		treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	2 /28 / 15 THROUGH	4/9/	0000000
	2,20,1		, ,
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Primary	Runoff	General Special
	5/9/15	,	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)	
IZ OFFICE	,		CN
	n/a	Valles 1	20
	100	Dallas 1	box +1
		013	171011
	GO TO PAG	E 2	
	GOTOPAG	bus die	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Edu	in Flor	res	15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITU	ONS ACCEPTED OR POLITICAL EXPENDITURES MIRES MAY HAVE BEEN MADE WITHOUT THE CAI	NDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN T	REASURER NAME		
		COMMITTEE CAMPAIGN 1	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			TIONS OF \$50 OR LESS (OTHER TH/ NTEES OF LOANS), UNLESS ITEMIZ		\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 79,200				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPEND	ITURES		\$ 20,905.37
CONTRIBUTION BALANCE		4. TOTAL POLITICAL EXPENDITURES \$20,905.33		\$58,294.63	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE	\$
18 AFFIDAVIT					
	CYNTHIA MIN MY COMMISSION May 27, 21	EXPIRES	I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code. Signature of Care	ll informa)	tion required to be reported by
455					
AFFIX NOTARY STAMI			End Elm		
0	// - /		, to certify which, witness		, this the
and	20				
Signature of onicer admir	nistering oath	Printed name of	officer administering oath	Titl	e of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A: 3
2 FILER NAMI	Edwin Flore	5	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ 3 See attacked 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	Ø9 44		
Principal occu	upation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
	_			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,,			
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		r rexas, complete Schedule 1)
If o	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			requirements.

Rusty and Deedie	Rose	Five Willow Wood	Dallas	VE I	30037	20072	200
Morton H.	Meyerson	4441 Buena Vista St.	Dallas	킷	75202	1/23/15	\$1,800
rollaid G.	Steinhart	25 Robledo Drive	Dallas	ΤX	75230	1/23/15	\$1,000
	•						
		c/o Sunwest Communications					
Andrew M.	Stern	One Galleria Tower 13355 Noel Road, Suite 1000	Dallas	Į.	75240	1/38/15	# 100
Todd	Williams	2501 Oak Lawn Avenue Suite 800	Dallas	X	75219	210145	\$3.000 8.000
		Dale Operating Company 2100 Ross Avenue				Į.	#£,000
		Suite 1870	Dallas	¥	75201	2/2/15	\$1,000
		MJB Operating LP					4.,000
Monty	Bennett	Suite 1150	Dallas	TX	75254	2/2/15	* 10 000
Tim	Ryrne	2000 McKinney Avenue		7		2010	\$ 10,000
Donald	Mollomoro	3899 Maple Avenue		! ;		20010	\$2,000
Michael & Jill	Dardick	4036 Oakmeadow Drive	Plano	7	75093	2/1/12	\$2,000
H. Lee & Ann V.	Hobson	4237 Armstrong Parkway	Dallas	Z	75205	2/5/15	\$2,000
		Suite 1800	Dallas	X	75225	21/1/15	\$3,000
Richard W.	Weeklev	c/o Weekley Properties	Houston	7	77055		
Peter	Brodsky	5535 Wenonah Drive	Dallas	Į;	75209	1/30/15	\$1,000
Jack	Wensinger	4350 Lively Lane	Dallas	XT	75220	2/3/15	\$2,000
Mark & Jane	Gibson					2/2/15	\$1,500
Aime	Raymond	3819 Maple Avenue	Dallas	×Τ	75219	2/2/15	\$1,000
	Solomon	12221 Merit Drive Suite 1825	Dallas	ΧT	75251	2/3/15	\$500
Douglas L. & Sarah L.	Foshee	reet	Houston	¥	77005	2/3/15	\$2,000
vviiiam W.	Addy		Dallas	TΧ	75205	2/6/15	\$2,000
Elizabeth Crutcher	McCaho		Dallas	Z	75205	2/7/15	\$2,000
Mike A	Myers		Dallas	>	07767	2/13/15	\$500.00
Dustin & Denise	Marchall	#Z00	Dallas	>	60707	2/4/15	\$1,500.00
Catherine M.	Rose	4608 Meadowwood Road	Dallas	7	75230	2/10/15	\$2,500.00
Haran R	Crow	3810 Mania Ava	Dallas	>	07701	2/15/15	\$2,000.00

-	A STATE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AN						
\$100.00	3/31/15	75244	X	Dallas	4111 Shady Bend Drive	Daniels	Allen J.
\$200.00	3/31/15	75243	TΧ	Dallas	8810 Vista Oaks Circle	Halstead	Donna & Frederick
\$50.00	3/31/15	75225	XT	Dallas	3468 Amherst Avenue	Touchstone	Randolph & Tricia
\$100.00	3/30/15	75229	ΤX	Dallas	3658 Norcross Lane	Hambleton	James & Ann
\$250.00	3/31/15	75230	X	Dallas	52-1 Masland Circle	Schoenbrun	Larry & Celia
\$2,000.00	3/30/15	75230	X	Dallas	12211 Creek Forest Drive	Nye	Erle & Alice
\$250.00	3/30/15	75225	XT	Dallas	6044 Sherry Lane	Evans	Roy Gene
\$500.00	4/2/15				cahoon@cclaw.com	Cahoon	Colin
\$100.00	3/23/15	75229	X	Dallas	10824 Aladdin Drive	Ritter	Philip & Stephanie
\$1,000.00	3/23/15	75225	ΤX	Dallas	7808 Glenshannon Circle	Wooldridge	Raymond
\$10,000.00	3/25/15	75201	XΤ	Dallas	700 N. Pearl St., Ste. 1200		Educate Dallas
\$100.00	3/26/15	75025	ΤX	Plano	8200 Weiss Avenue	Amaral	Carlos
\$200.00	3/25/15	75244	ΤX	Dallas	12151 Crestline Avenue	Simmons	Benjamin & Cynthia
\$250.00	3/22/15	75093	X	Plano	2156 Fawnwood Drive	Shapiro	Florence
\$250.00	3/26/15				kiser@smu.edu	Kiser	John
\$250.00	3/25/15				bill@crespico.com	Felder	William
\$50.00	3/17/15	75248	ΤX	Dallas	16715 Cleary Circle	Green	Marsha S.
\$100.00	3/20/15	75244	ΤX	Dallas	4111 Shady Bend Drive	Daniels	Allen J.
\$250.00	3/6/15	75204	XX	Dallas	2711 North Haskell, Ste. 3400 Dallas	Schenkel	Pete
\$5,000.00	3/3/15	75219	×	Dallas	1404	Boone	Guille
					3111 Welborn Street, Apt.	ז	Garrett and Cecilia
\$200.00		75044	ΤX	Garland	2870 Stoneridge Drive	Carpenter	Yanela
\$100.00	3/1/15	75225	XΤ	Dallas	3817 Centenary Avenue	Cavanaugh	William & Katherine
\$250.00	2/22/15	75209	Ϋ́	Dallas	5380 Nakoma Drive	Weinberg	Sarah
\$1,000.00	3/3/15	75209	X	Dallas	8808 Farquhar Circle	Lowe	Jack & Mary
\$1,000.00	3/5/15	75208	₹	Dallas	400 S. Zang Blvd., Ste. 600	Garcia	Domingo
\$500.00	3/6/15	75208	Image: section of the property o	Dallas	1222 N. Winnetka	Escobedo	Chris
\$500.00	3/6/15	75208	킺	Dallas	926 Stevens Woods Court	May	Gilbert
\$2,000,00	2/17/15	75214	Z	Dallas	6310 Mercedes Avenue	Crow	Stuart M. & Shirley W.
\$2,000,00	2/6/15	75204	Į	Dallas	4000 Rock Creek Road	Crow	Trammell S.
\$2,000.00	2/6/15	75205	\	Dallas	4700 Preston Road	Crow	Raymond
							Haran R. & Katherine

\$79,200

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule B:
2 FILER NAME	Edun Flores		3 ACCOUNT # (E	Ethics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
				I of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See Ir	nstructions)	
Date	Full name of piedgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		N.		
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
T Tillopar occu	panon / 300 title (366 mattactions)	Employer (See In	istructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		
If co	ATTACH ADDITIONAL COPIES O			requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Edun Phones		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	⇒ ⇔ ⇔ ⇔ ⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were d	specified into political account
none	interior.	Check if personal funds were u	eposited fillo political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were de	posited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEEDI	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE Gltt/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how t	Contract Labor raising Expense Contributions/Donations Made By Strict Contributions/Donations Made By Candidate/Officeholder/Political Committee COTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Edun Flora	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3 [25/15	5 Payee name Graphics Ma	nage ment
6 Amount (\$) 2,533.59	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 3(25	Payee name Cluyton P. Henry	
4,500	Payee address; 'City; State; Zip Code'	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
3/25	Payee name Strategy Fire	st, uc
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 3/25	De be yer Dads	Chb
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	· · · · · · · · · · · · · · · · · · ·		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE: Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loan Repay Transportation Contributions Candidate Rental Expense OTHER (ent	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee er a category not listed above)
		- comprete time formi	
1 Total pages Schedule F:	2 FILER NAME Edun Plons	'J 3 ACC	OUNT # (Ethics Commission Filers)
4 Date 4/1	5 Payee name Clunton He	149	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,500			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin, TX, office	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 4/1	Payee name (waphies Manaf	enent	
Amount (\$)	Payee address; City; State; Zip Code		
10,171:78			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T\
OF	, (and an	Decemplies (matter ediside	or rexes, complete defiedate 17
EXPENDITURE			20 000 0000
	Andrew Control of the	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Date	rayee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Towns complete Sets duty Ti
PURPOSE	Category (See categories listed at the top or this schedule)	Description (intraveroutside)	of rexas, complete Schedule 1)
OF		_	en tren species i
EXPENDITURE		Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
OF			
EXPENDITURE		Check if Austin, TX, officel	nolder living expense
	0	L	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense **Printing Expense** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME Edun Flore	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CA	ATEGORIES E	OR BOX 8(a)	
Advertising Expense		alaries/Wages/Cor		In Banaymant/Daimhumanant
Accounting/Banking		olicitation/Fundrais	or • et en rece≡e con transfer en con transfe	in Repayment/Reimbursement
Consulting Expense				nsportation Equipment & Related Expense
Event Expense		avel In District		ntributions/Donations Made By
Fees		avel Out Of Distri		Candidate/Officeholder/Political Committee
rees		ffice Overhead/Re		HER (enter a category not listed above)
	The Instruction Guide ex	plains how to c	omplete this form.	
1 Total pages Schedule H:	2 FILER NAME	77		3 ACCOUNT # (Ethics Commission Filers)
1	15 1	1000	P	Account # (Ethics Commission Filets)
	2 FILER NAME Edwin	1 10.0	<u> </u>	
4 Date	5 Business name			
1	}			
6 Amount (\$)	7 Business address; City; State;	Zip Code		
1				
I				
	100	Т		
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE				
EXPENDITURE				
			Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/0			Omeo bodgin	Office field
Date	Business name			
Date	business name			
Amount (\$)	Business address; City; State;	Zin Code		
· (4)	Dubinious address, City, State,	Zip Code		
PURPOSE	Category (See categories listed at the top of this	(alubadas s	Description (It trave	al autaida of Tauran annual de Calanda a Ta
OF	Category (occ balegories listed at the top of this	, schedule)	Description (intrave	el outside of Texas, complete Schedule T)
EXPENDITURE	© C	1		
			П оъ-тил и г	
			Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	H		The second desired as a second	
Date	Business name			
	Eddings Hallis			
Amount (\$)	Business address; City; State;	Zin Code		
***		Zip Oode		
PURPOSE	Category (See categories listed at the top of this	s schodulo)	Description (Kurus	1
OF	Category (dee categories listed of the top of this	scredule)	Description (it trave	el outside of Texas, complete Schedule T)
EXPENDITURE		1		
		1	Check if Austin	TX, officeholder living expense
				TX, olificeriolder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			
Date	Business name			
1				I
Amount (\$)	Business address; City; State;	Zip Code		
1	60 15- 00 15 15	condition of the contract of t		1
				1
PURPOSE	Category (See categories listed at the top of this	schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF	(2) 6 (2) 2		/ uare	I some somplete ochedule ()
EXPENDITURE				I
		j	Check if Austin, 7	X, officeholder living expense
0	Condidate / Offb-14			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/OI	7			1
			The state of the s	
	ATTACH ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule	Edwin Flor	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The	edule K:					
2 FILER NAME	hics Commission Filers)					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State; Zip Code					
	7 Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CO			POLITICAL EXAS	. EXPEND	DITURE	SCHEDULE T	
The Instruction Guide explains how to complete this form.					1 Total pages Schedul	е Т:	
2 FILER NAME Edwin Flores				3 ACCOUNT # (Ethics	Commission Filers)		
4 Name of Contributor	r / Corporation	n or Labor Organiza	tion / Pledgor / Paye	е			
5 Contribution / Expenditure reported on:							
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G							
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E							
6 Dates of travel	7 Name of person(s) traveling						
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transporta	ition	11 Purpose of tra	ivel (including name	of conference, se	minar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
☐ Sc	chedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
So	chedule H	Schedule N	Сон-ис	СОН-Т	PAC-C	PAC-E	
Dates of travel Name of person(s) traveling							
Departure city or name of departure location							
	Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Sch	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
Sch	hedule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E	
Dates of travel Name of person(s) traveling							
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
				70			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							