

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 / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Edwin LAST	MI S. SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2711 LBJ Freeway Suite 1036 Dallas, TX 75234		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: right; font-size: small;">300 JAN 15 AM 11:46</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 866 0001			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Ken LAST		MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3351 Regent Dallas, TX 75229			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 352 5310			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 05 / 2009 01 / 15 / 2010			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 03 / 2009			
12 OFFICE	OFFICE HELD (if any) Trustee, Dallas ISD School Board, District 1		13 OFFICE SOUGHT (if known) Trustee, Dallas ISD School Board, District 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box: Apt. / Suite #: City: State: Zip Code			
<input type="checkbox"/> additional pages				

RECEIVED
BOARD SERVICES
JAN 15 2010

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

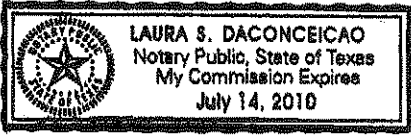
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,860
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,777
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,989
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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

x Edwin Flores
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edwin Flores, this the 15th day of January 2010, to certify which, witness my hand and seal of office.

Laura S. DaConceicao
Signature of officer administering oath

Laura DaConceicao
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">12</p>	
2 FILER NAME <p style="text-align: center;">EDWIN FLORES</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">10/07/09</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. and Sandra W. Alexander	7 Amount of contribution (\$) <p style="text-align: center;">\$ 100⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3821 Greenbrier Dr. Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">10/08/09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Atsworth Metro Tex Association of Realtors, PAC	Amount of contribution (\$) <p style="text-align: center;">\$ 1,000⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8201 N. Stemmons Freeway Dallas, TX 75247		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director of Government Affairs		Employer (See Instructions)	
Date <p style="text-align: center;">10/16/09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Arthur Barnes	Amount of contribution (\$) <p style="text-align: center;">\$ 50⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4416 Standford Avenue Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/19/09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Z. Barnes	Amount of contribution (\$) <p style="text-align: center;">\$ 50⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12720 Hillcrest Rd Suite 400 Dallas, TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">10/19/09</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael A. Barnett	Amount of contribution (\$) <p style="text-align: center;">\$ 500⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6767 Turtle Creek Blvd. University Park, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
2 FILER NAME <u>Edwin Flores</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/07/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Henry C. Beck</u>	7 Amount of contribution (\$) <u>\$1,000⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1807 Ross Avenue, Suite 500 Dallas, TX 75201</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/07/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert W. Best</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>440 Flint Point Dr. Houston, TX 77024-6749</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/05/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gene H. Bishop</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6314 DeLoache Avenue Dallas, TX 75225</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/19/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sherwood E. Blount</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>16475 Dallas Parkway, Suite 360 Addison, TX 75001</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/15/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Colin Cahoon</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4346 Middleton Rd. Dallas, TX 75229</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adelfa B. Callejo 6 Contributor address; City; State; Zip Code 4314 North Central Expressway Dallas, TX 75206	7 Amount of contribution (\$) \$ 200⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 10/10/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Cameron Contributor address; City; State; Zip Code 4207 Melissa Ln Dallas, TX 75229	Amount of contribution (\$) \$ 25⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 10/03/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel J. and Cherry A. Chalker Contributor address; City; State; Zip Code 3224 Jubilee Trl. Dallas, TX 75229-3807	Amount of contribution (\$) \$ 200⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 10/07/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felix Y. Chen Contributor address; City; State; Zip Code 4812 Spyglass Dallas, TX 75287-7925	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 10/14/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard H. Collins Contributor address; City; State; Zip Code 3131 McKinney Ave. Suite 720 Dallas, TX 75204	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randall R. Engstrom	7 Amount of contribution (\$) \$ 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5744 DeLoache Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farrington, Jerome S.	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1035 Desco Dr. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John R. Ferguson	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4519 Bobbit Dr. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Gafford	Amount of contribution (\$) \$ 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3535 Travis Street, Suite 300 Dallas, TX 75204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary E. Griffith	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6903 Westlake Avenue Dallas, TX 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

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2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Carney and Tobin C. Grove 6 Contributor address; City; State; Zip Code 5244 Stonegate Rd. Dallas, TX 75209-2212	7 Amount of contribution (\$) \$ 500⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/05/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fanchon and Howard Hallam Contributor address; City; State; Zip Code 5330 S. Dentwood Dr. Dallas, TX 75220	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/08/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hardgrove Contributor address; City; State; Zip Code P.O. BOX 566077 Dallas, TX 75280 75356	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/09/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milledge A. and Linda W. Hart Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd. Suite 900 Dallas, TX 75219	7 Amount of contribution (\$) \$ 250⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/18/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha F. and Douglas D. Hawthorne Contributor address; City; State; Zip Code 4425 Potomac Avenue Dallas, TX 75205	7 Amount of contribution (\$) \$ 250⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/09/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Peter and Caren Kline	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5807 DeLoache Avenue Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/24/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Lazo Hispanic PAC of Dallas	Amount of contribution (\$) \$400⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 611 West Mockingbird Lane Dallas, TX 75247		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bruce Leadbetter	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14185 Dallas Parkway Centura Tower Suite 1020 Dallas, TX 75254		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wendy A. Lopez	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4931 Stanford Avenue Dallas, TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Lowe and Jack Lowe	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4214 W. Northwest Hwy Dallas, TX 75220-5048		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/22/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Hilgart	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6901 DeLoache Avenue Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/22/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyda H. Hill	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3505 Turtle Creek Blvd. NO. 15-B Dallas, TX 75219		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/07/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vester T. Hughes	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 Main St., Suite 2800 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn P. Jones	Amount of contribution (\$) \$350⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6704 Columbine Way Plano, TX 75093-6346		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher W. and Ashlee Kleinert	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5909 Steuben Ct. Dallas, TX 75248-2115		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

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2 FILER NAME <u>Edwin Flores</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9/22/2009</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David G. Luther</u>	7 Amount of contribution (\$) <u>\$150.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1106 Meadow Run Duncanville TX 75137</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/08/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harold F. and Catherine T. Mac Dowell</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13410 Tangleridge Ln Dallas TX 75240</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/12/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Debra V. and Clinton D. McDonnough</u>	Amount of contribution (\$) <u>\$5000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4806 Bluffview Blvd. Dallas TX 75209</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/04/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lisbeth Minyard Lokey</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2837 Hood St. Dallas TX 75219</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/26/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Monty F. and Stephanie A. Mueller</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5514 Eolen Dallas TX 75220</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erle A. and Alice A. Nye 6 Contributor address; City; State; Zip Code 12211 Creek Forest Dallas TX 75230	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Pistor Contributor address; City; State; Zip Code 4200 Belclaire Dallas TX 75205	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy E. and Joni Grace Powers Contributor address; City; State; Zip Code 5528 Tanbark Rd. Dallas TX 75229	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caren H. Prothro Contributor address; City; State; Zip Code 320 3929 Potomac Ave. Dallas TX 75205	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando L. Rios Contributor address; City; State; Zip Code 115 E. Travis, St. 1645 San Antonio TX 78205	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
2 FILER NAME <u>Edwin Flores</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>10/10/2009</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephanie Ritter</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10824 Aladdin Dr. Dallas TX 75229</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/10/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diane Scovell</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6322 DeLoache Dallas TX 75225</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/06/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>C-00393173</u>) <u>Comerica Bank, PAC Services</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Po Box 75000 Detroit MI 48275</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/07/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Neal Sleeper</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5430 LBJ Frwy, Suite 100 Dallas TX 75240</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/05/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William T. Solomon</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4514 Travis Street, Suite 214 Dallas TX 75204</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald G. Steinhart	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 25 Robledo Dr Dallas TX 75230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard C. Strauss	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8401 N. Central Expressway Suite 350 Dallas TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen E. Taylor	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10107 Preston Rd Dallas TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven W. Van Amburgh	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3949 Marquette Dallas TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Instruments, Inc.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PAC P.O. BOX 742496 Dallas TX 75374		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/ 2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William D. White	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 Travis Street, Suite 3400 Houston TX 77002		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/ 2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd A. and Deborah A. Williams	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5119 Seneca Dr. Dallas TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. McDonald and Ellen Carter Williams	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4715 Wildwood Rd. Dallas TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/ 2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 Trammel Crow Dallas TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Edwin Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date: **10/15/09**
5 Full name of contributor out-of-state PAC (ID#):
BOK Financial Corp PAC

7 Amount of contribution (\$):
\$250⁰⁰
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**5956 Sherry Lane, Suite 1.100
Dallas, TX 75225**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **10/21/09**
Full name of contributor out-of-state PAC (ID#):
Pedro Aguirre

Amount of contribution (\$):
\$250⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**12700 Park Central
15th Floor
Dallas, TX 75251**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **11/16/09**
Full name of contributor out-of-state PAC (ID#):
Joe Alcantar

Amount of contribution (\$):
\$500⁰⁰
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6222 Vanderbilt Avenue
Dallas, TX 75214**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/26/09**
Full name of contributor out-of-state PAC (ID#):
Barnes, Stephen

Amount of contribution (\$):
\$25000
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**12720 Hillcrest Rd
suite 400
Dallas, TX 75230**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/24/09**
Full name of contributor out-of-state PAC (ID#):
Keith J. and Geraldine Bechly

Amount of contribution (\$):
\$100
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**11012 Beauty Lane
Dallas, TX 75229-3834**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Edwin Flores		3 ACCOUNT # (if not Commission file)	
4 Date 11/1/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael A. and Maria H. Boone	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3516 University Blvd. Dallas, TX 75205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/29/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ed H. and Betty Jean Bowman	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3102 Drexel Dr. Dallas, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) S. H. and M. H. Clay	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8910 Clayco Dallas, TX 75243		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Serena and Tom Connelly	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3117 Brookhollow Dr. Dallas, TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Steven J. Cotton	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10909 Candlelight Lane Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission Form)	
4 Date 10/28/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (EIR) Daniel M. Davis	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3830 Whitehall Drive Dallas, TX 75229-2756		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 10/22/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (EIR) Dunning, Thomas M.	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 717 N. Hardwood Suite 2500 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10/27/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (EIR) Walter W. and P. A. Durham	Amount of contribution (\$) \$10⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4412 Hockaday Dr. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10/20/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (EIR) Flora M. and Michael T. Hernandez	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6042 Prestonshire Lane Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10/27/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (EIR) Louis B. and Sally Noble Houston	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3908 Granbury Dr Dallas, TX 75287		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Edwin Flores

3 ACCOUNT # (Elections Commission files)

4 Date: **10/26/09**
5 Full name of contributor: out-of-state PAC (DOE) **Richard Irwin**
6 Contributor address: City, State, Zip Code
**9 Brigade Court
Dallas, TX 75225-2064**

7 Amount of contribution: (\$) **\$50⁰⁰**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **11/2/09**
Full name of contributor: out-of-state PAC (DOE) **Terry Kelley**
Contributor address: City, State, Zip Code
**3420 Southwestern
Dallas, TX 75225-7655**

Amount of contribution: (\$) **\$250⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/28/09**
Full name of contributor: out-of-state PAC (DOE) **Kerney Laday**
Contributor address: City, State, Zip Code
**19009 Preston Rd. Suite 205-226
Dallas, TX 75252**

Amount of contribution: (\$) **\$250⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/22/09**
Full name of contributor: out-of-state PAC (DOE) **A. Patrick McEvoy**
Contributor address: City, State, Zip Code
**P.O. Box 810219
Dallas, TX 75381-0219**

Amount of contribution: (\$) **\$2,000⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **11/7/09**
Full name of contributor: out-of-state PAC (DOE) **Todd C. Meier**
Contributor address: City, State, Zip Code
**3785 Park Pl.
Addison, TX 75001-4402**

Amount of contribution: (\$) **\$200⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Edwin Flores

3 ACCOUNT # (See instructions)

4 Date
10/28/09

5 Full name of contributor out-of-state PAC (ID#)
William A. Montgomery

6 Contributor address; City; State; Zip Code
**200 Crescent Court, suite 1200
Dallas, TX 75201**

7 Amount of contribution (\$) **\$500⁰⁰**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date
11/2/09

Full name of contributor out-of-state PAC (ID#)
Mary C. Pyke

Contributor address; City; State; Zip Code
**North Central Plaza I
12655 N. Central Expressway, Suite 700
Dallas, TX 75243**

Amount of contribution (\$) **\$100⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/30/09

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

Contributor address; City; State; Zip Code
**P.O. Box 819060
Dallas, TX 75381**

Amount of contribution (\$) **\$50⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/24/09

Full name of contributor out-of-state PAC (ID#)
Charles W. Sartain and Erica L. Sartain

Contributor address; City; State; Zip Code
**6322 Northwood Rd
Dallas, TX 75225**

Amount of contribution (\$) **\$100⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
10/30/09

Full name of contributor out-of-state PAC (ID#)
Ellis M. Skinner

Contributor address; City; State; Zip Code
**27217 Waterfall Hill Pkwy
Spice wood, TX 78669**

Amount of contribution (\$) **\$250⁰⁰**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Elections Commission Files)	
4 Date 11/1/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stanley Levenson	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4545 Mill Run Road Dallas, TX 75244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/26/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Andrew M. Stern	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5420 LBJ Freeway, Ste 1475 Dallas, TX 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/9/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dr. Joseph F. Webb and Nancy D. Webb	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5401 Miramar Lane Colleyville, TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/25/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Demetrius Sampson Lenebarger Cogan, Blair and Sampson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2323 Bryan Street Suite 1600 Dallas TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B: 1	
2 FILER NAME Edwin Flores		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 0	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME <i>Edwin Flores</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <i>0</i>	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>N/A</i>	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
		17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 3
2 FILER NAME EDWIN FLORES		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/12/2009	5 Payee name Booker Industries	7 Amount (\$) \$ 27.06
6 Payee address; City; State; Zip Code 5415 Maple Avenue Suite 230 Dallas TX 75235		
8 Purpose of payment (See instructions regarding type of information required.) purchase phone bank list <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 10/13/2009	Payee name Booker Industries	Amount (\$) \$ 417.03
Payee address; City; State; Zip Code 5415 Maple Avenue Suite 230 Dallas TX 75235		
Purpose of payment (See instructions regarding type of information required.) purchase Data base <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 10/14/2009	Payee name Booker Industries	Amount (\$) \$ 1840.25
Payee address; City; State; Zip Code 5415 Maple Avenue Suite 230 Dallas TX 75235		
Purpose of payment (See instructions regarding type of information required.) purchase yard signs + stakes <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 10/20/2009	Payee name Graphics Management	Amount (\$) \$ 3,544.11
Payee address; City; State; Zip Code 9322 Moss Trail Dallas TX 75231		
Purpose of payment (See instructions regarding type of information required.) Layout + print brochures <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
2 of 3

2 FILER NAME
Edwin Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/20/2009

5 Payee name
Booker Industries

7 Amount (\$)
\$2,534.83

6 Payee address; City; State; Zip Code
5415 Maple Avenue, Suite 230
Dallas, TX 75235

8 Purpose of payment (See instructions regarding type of information required.)
Address labels and postage to send brochures
(If travel outside of Texas, complete Schedule T)

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

Date
10/21/09

Payee name
Valentine Direct Marketing, LLC

Amount (\$)

Payee address; City; State; Zip Code
5415 Maple Ave. Suite 230
Dallas TX 75235

\$14.08

Purpose of payment (See instructions regarding type of information required.)
Postage
(If travel outside of Texas, complete Schedule T)

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

Date
10/21/2009

Payee name
Booker Industries
Payee address; City; State; Zip Code
5415 Maple Ave. Suite 230
Dallas TX 75235

Amount (\$)
\$97.43

Purpose of payment (See instructions regarding type of information required.)
Purchase databases
(If travel outside of Texas, complete Schedule T)

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

Date
10/21/2009

Payee name
Booker Industries
Payee address; City; State; Zip Code
5415 Maple Ave. Suite 230
Dallas TX 75235

Amount (\$)
\$947.19

Purpose of payment (See instructions regarding type of information required.)
Purchase additional yard signs and stakes
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

Edwin Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/22/2009

5 Payee name

Valentine Direct Marketing LLC

7 Amount (\$)

\$513.55

6 Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230
Dallas TX 75235

8 Purpose of payment (See instructions regarding type of information required.) Print invitations and postage

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/26/
2009

Payee name

Valentine Direct Marketing LLC

Amount (\$)

\$1,360.23

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230
Dallas TX 75235

Purpose of payment (See instructions regarding type of information required.) Print matter and postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/12/
2009

Payee name

Painter Communications Teleservices

Amount (\$)

\$2,460.00

Payee address; City; State; Zip Code

309 Washington Street # 211
Conshohocken, PA 19428

Purpose of payment (See instructions regarding type of information required.) Select data base and contact voters through phone banks

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME EDWIN FLORES.		3 ACCOUNT # (Ethics Commission file)
4 Date 10/29/09	5 Payee name Valentine Direct Marketing, LLC 6 Payee address; City; State; Zip Code 5415 Maple Avenue Suite 230 Dallas, TX 75235	7 Amount (\$) \$ 2,627.91
8 Purpose of payment (See instructions regarding type of information required.) Letter mailings, and drop early voters from file. (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/29/09	Payee name Valentine Direct Marketing, LLC Payee address; City; State; Zip Code 5415 Maple Ave. Suite 230 Dallas, TX 75235	Amount (\$) \$2462.77
Purpose of payment (See instructions regarding type of information required.) Self mailer, data prep- pop drop early voters from file (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/09	Payee name Graphics Management Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231	Amount (\$) \$ 5370.23
Purpose of payment (See instructions regarding type of information required.) GOP Postcard, Hispanic Push Card (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/2/09	Payee name Booker Industries Payee address; City; State; Zip Code 5415 Maple Avenue Suite 230 Dallas, TX 75235	Amount (\$) \$ 75⁰⁰
Purpose of payment (See instructions regarding type of information required.) Select DISD voters, purge early voters convert to excel file (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

Total pages (including this one):

2

2 FILER NAME

EDWIN FLORES

3 A. 2. Total # (lines 4-8)

4 Date

10/30/09

5 Payee name

Graphics Management

7 Amount (\$)

\$ 759.27

6 Payee address; City; State; Zip Code

9322 Moss Trail
Dallas, TX 75231

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

Leppert Robo GOTV Call

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11/20/09

Payee name

Graphics Management

Amount (\$)

\$ 1,500.00

Payee address; City; State; Zip Code

9322 Moss Trail
Dallas, TX 75231

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

campaign consulting.

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME EDWIN FLORES		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/25/09	5 Payee name Office Depot	8 Amount (\$) \$ 38.95
	6 Payee address: City: State: Zip Code 11615 No. Central Expwy Dallas, TX 75243	
	7 Purpose of expenditure (See instructions regarding type of information required.) ink cartridges (printer) and envelopes. (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date 10/28/09	Payee name May Dragon	Amount (\$) \$537.50
	Payee address: City: State: Zip Code 4848 Beltline Rd Dallas, TX 75254	
	Purpose of expenditure (See instructions regarding type of information required.) Dinner for Addison supporters (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date 10/12/09	Payee name Office Depot	Amount (\$) \$ 4.32
	Payee address: City: State: Zip Code 2909 Forest Ln Dallas, TX 75234	
	Purpose of expenditure (See instructions regarding type of information required.) Envelope (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date 9/18/09	Payee name The Media Vine	Amount (\$) \$29.97
	Payee address: City: State: Zip Code 1621 Kelly Terrace Arlington TX 76010	
	Purpose of expenditure (See instructions regarding type of information required.) set up e-mail boxes (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date 9/16/09	Payee name The Media Vine	Amount (\$) \$400⁰⁰
	Payee address: City: State: Zip Code 1621 Kelly Terrace Arlington TX 76010	
	Purpose of expenditure (See instructions regarding type of information required.) update website (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

EDWIN FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name County of Dallas Elections	8 Amount (\$) \$ 11.96
	6 Payee address; City; State; Zip Code 2377 N. Stemmons Freeway, suite 820 Dallas, TX 75207	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) CD voter info / database (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: <u>1</u>
2 FILER NAME <u>EDWIN FLORES</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <u>N/A</u>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

EDWIN FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <u>N/A</u>	8 Amount (\$)
	6 Payee address; City, State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: <u>1</u>
2 FILER NAME <p style="margin-left: 20px;"><i>EDWIN FLORES</i></p>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <p style="margin-left: 20px;"><i>N/A</i></p>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>EDWIN FLORES</u>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>N/A</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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 transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		