

# 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:  <div style="text-align: center; font-size: 24px;">24</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  Mr. Edwin NICKNAME LAST	FIRST  S. MI SUFFIX	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)			OCT 26 PM 3:37 RECEIVED BOARD SERVICES
8 CAMPAIGN TREASURER PHONE			9 REPORT TYPE
10 PERIOD COVERED			11 ELECTION
12 OFFICE			13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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) \$ 22,125.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 13,756.23

CONTRIBUTION BALANCE

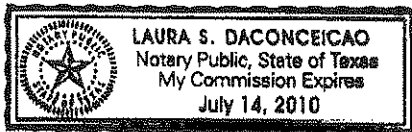
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 11,870.77 EF  
~~11,870.77 EF~~

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.



*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 26<sup>th</sup> day of October, 2009, to certify which, witness my hand and seal of office.

*Laura S. DaConceicao* Laura S. DaConceicao Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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:

12

2 FILER NAME

EDWIN FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/07/09

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David E. and Sandra W. Alexander

6 Contributor address; City; State; Zip Code

3821 Greenbrier Dr. Dallas, TX 75225

7 Amount of contribution (\$)

\$100<sup>00</sup>

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

10/08/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Alsworth

Contributor address; City; State; Zip Code

8201 N. Stemmons Freeway  
Dallas, TX 75247

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director of Government Affairs

Employer (See Instructions)

Date

10/16/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jeffrey Arthur Barnes

Contributor address; City; State; Zip Code

4416 Standford Avenue  
Dallas, TX 75225

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arthur Z. Barnes

Contributor address; City; State; Zip Code

12720 Hillcrest Rd Suite 400  
Dallas, TX 75230

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael A. Barnett

Contributor address; City; State; Zip Code

6767 Turtle Creek Blvd.  
University Park, TX 75205

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

(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>\$1,000<sup>00</sup></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>\$250<sup>00</sup></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>\$250<sup>00</sup></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>\$100<sup>00</sup></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>\$250<sup>00</sup></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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float:right">12</span>	
2 FILER NAME <span style="font-size:1.2em">Edwin Flores</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size:1.2em">10/20/09</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size:1.2em">Adelfa B. Callejo</span>	7 Amount of contribution (\$) <span style="font-size:1.2em">\$ 200<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size:1.2em">4314 North Central Expressway Dallas, TX 75206</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size:1.2em">10/10/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size:1.2em">Renee Cameron</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$ 25<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">4207 Melissa Ln Dallas, TX 75229</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/03/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size:1.2em">Daniel J. and Cherry A. Chalker</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$ 200<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">3224 Jubilee Trl. Dallas, TX 75229-3807</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/07/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size:1.2em">Felix Y. Chen</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$ 500<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">4812 Spyglass Dallas, TX 75287-7925</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/14/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size:1.2em">Richard H. Collins</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$ 250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">3131 McKinney Ave. Suite 720 Dallas, TX 75204</span>		(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**  
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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: <u>12</u>	
2 FILER NAME <u>Edwin Flores</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/21/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randall R. Engstrom</u> 6 Contributor address; City; State; Zip Code <u>5744 DeLoache Dallas, TX 75225</u>	7 Amount of contribution (\$) <u>\$ 250<sup>00</sup></u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/13/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Farrington, Jerome S.</u> Contributor address; City; State; Zip Code <u>1035 Desco Dr. Dallas, TX 75229</u>	Amount of contribution (\$) <u>\$ 500<sup>00</sup></u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/07/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John R. Ferguson</u> Contributor address; City; State; Zip Code <u>4519 Bobbit Dr. Dallas, TX 75229</u>	Amount of contribution (\$) <u>\$ 100<sup>00</sup></u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/07/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ronald Gafford</u> Contributor address; City; State; Zip Code <u>3535 Travis Street, Suite 300 Dallas, TX 75204</u>	Amount of contribution (\$) <u>\$ 500<sup>00</sup></u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/10/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary E. Griffith</u> Contributor address; City; State; Zip Code <u>6903 Westlake Avenue Dallas, TX 75214</u>	Amount of contribution (\$) <u>\$ 100<sup>00</sup></u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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: <span style="float: right;">12</span>	
2 FILER NAME <span style="font-size: 1.2em;">Edwin Flores</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em;">10/19/09</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Dawn Carney and Tobin C. Grove</span> 6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">5244 Stonegate Rd. Dallas, TX 75209-2212</span>	7 Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 500<sup>00</sup></span>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/05/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Fanchon and Howard Hallam</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">5330 S. Dentwood Dr. Dallas, TX 75220</span>	Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 100<sup>00</sup></span>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/08/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Steve Hardgrove</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O. BOX 566077 Dallas, TX <del>75280</del> 75356</span>	Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 100<sup>00</sup></span>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/09/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Milledge A. and Linda W. Hart</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3811 Turtle Creek Blvd. suite 900 Dallas, TX 75219</span>	Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 250<sup>00</sup></span>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/18/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Martha F. and Douglas D. Hawthorne</span> Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4425 Potomac Avenue Dallas, TX 75205</span>	Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 250<sup>00</sup></span>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float:right">12</span>	
2 FILER NAME <span style="font-size: 1.2em;">Edwin Flores</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em;">10/09/09</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">J. Peter and Caren Kline</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$250<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">5807 DeLoache Avenue Dallas, TX 75225</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/24/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Tom LAZO</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$400<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">611 West Mockingbird Lane Dallas, TX 75247</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/14/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Bruce Leadbetter</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$100<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">14185 Dallas Parkway Centura Tower, Suite 1020 Dallas, TX 75254</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/19/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Wendy A. Lopez</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4931 Stanford Avenue Dallas, TX 75209</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/07/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.2em;">Mary Lowe and Jack Lowe</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4214 W. Northwest Hwy Dallas, TX 75220-5048</span>		(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**  
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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: <span style="float:right">12</span>	
2 FILER NAME <span style="font-size:1.2em">Edwin Flores</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size:1.2em">10/22/09</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em">Sarah Hilgart</span>	7 Amount of contribution (\$) <span style="font-size:1.2em">\$100<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size:1.2em">6901 DeLoache Avenue Dallas, TX 75225</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size:1.2em">10/22/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em">Lyda H. Hill</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$200<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">3505 Turtle Creek Blvd. No. 15-B Dallas, TX 75219</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/07/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em">Vester T. Hughes</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">1717 Main St., Suite 2800 Dallas, TX 75201</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/08/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em">Carolyn P. Jones</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$350<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">6704 Columbine Way Plano, TX 75093-6346</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em">10/17/09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em">Christopher W. and Ashlee Kleinert</span>	Amount of contribution (\$) <span style="font-size:1.2em">\$250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em">5909 Steuben Ct. Dallas, TX 75248-2115</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>12</u>	
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 S. 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>\$500.00</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>10/20/2009</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 Edlen Dallas TX 75220</u>		(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>10/07/2009</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Erle A. and Alice A. Nye</u> 6 Contributor address; City; State; Zip Code <u>12211 Creek Forest Dallas TX 75230</u>	7 Amount of contribution (\$) <u>\$1000.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/20/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Charles Pistor</u> Contributor address; City; State; Zip Code <u>4200 Belclaire Dallas TX 75205</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/01/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Timothy E. and Joni Grace Powers</u> Contributor address; City; State; Zip Code <u>5528 Tanbark Rd. Dallas Tx 75229</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/13/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Caren H. Prothro</u> Contributor address; City; State; Zip Code <u><del>322</del> 3929 Potomac Ave. Dallas TX 75205</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>08/21/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rolando L. Rios</u> Contributor address; City; State; Zip Code <u>115 E. Travis, St. 1645 San Antonio TX 78205</u>	Amount of contribution (\$) <u>\$500.00</u>	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 filers)	
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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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: <span style="float:right">12</span>	
2 FILER NAME <span style="font-size:1.2em;">Edwin Flores</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size:1.2em;">10/12/2009</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em;">Ronald G. Steinhart</span>	7 Amount of contribution (\$) <span style="font-size:1.2em;">\$500.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size:1.2em;">25 Robledo Dr Dallas TX 75230</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size:1.2em;">10/20/2009</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em;">Richard C. Strauss</span>	Amount of contribution (\$) <span style="font-size:1.2em;">\$500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em;">8401 N. Central Expressway Suite 350 Dallas TX 75225</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em;">10/21/2009</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em;">Stephen E Taylor</span>	Amount of contribution (\$) <span style="font-size:1.2em;">\$50.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em;">10107 Preston Rd Dallas TX 75230</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em;">10/19/2009</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em;">Steven W. Van Amburgh</span>	Amount of contribution (\$) <span style="font-size:1.2em;">\$500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em;">3949 Marquette Dallas TX 75225</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size:1.2em;">10/20/2009</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size:1.2em;">Texas Instruments Inc.</span>	Amount of contribution (\$) <span style="font-size:1.2em;">\$500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size:1.2em;">PAC P.O. Box 742496 Dallas TX 75374</span>		(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>10/20/ 2009</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>William D. White</u>	7 Amount of contribution (\$) <u>\$250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>600 Travis Street, Suite 3400 Houston TX 77002</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/13/ 2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Todd A. and Deborah A. Williams</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5119 Seneca Dr. Dallas TX 75209</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/15/2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>J. McDonald and Ellen Carter Williams</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4715 Wildwood Rd. Dallas TX 75209</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/14/ 2009</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Vinson &amp; Elkins Texas PAC</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3700 Trammel Crow Dallas TX 75201</u>		(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Edwin Flores</p>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <span style="font-size: 1.5em;">Ø</span>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; font-size: 1.2em;">N/A</p>	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)
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)
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)
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)
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.

**LOANS**

**SCHEDULE E**

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

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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

(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

10/13/  
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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

10/14/  
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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

10/20/  
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

(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 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 (\$)

\$14.08

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230  
Dallas TX 75235

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

Amount (\$)

\$97.43

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230  
Dallas TX 75235

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

purchase data bases  
(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

Amount (\$)

\$947.19

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230  
Dallas TX 75235

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

5 Payee name

7 Amount (\$)

10/22/2009

Valentine Direct Marketing LLC

\$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

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

10/26/2009

Valentine Direct Marketing LLC

\$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 mailer and postage

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

10/12/2009

Painter Communications Teleservices

\$2,460.00

Payee address; City; State; Zip Code

309 Washington Street # 22111  
Conshohocken, PA 19428

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

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

(If travel outside of Texas, complete Schedule T)

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

EDWIN FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

The Media Vine

6 Payee address; City; State; Zip Code

8 Amount (\$)  
\$400.00

7 Purpose of expenditure (See instructions regarding type of information required.)  
Website Update  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

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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: <div style="text-align: right;">1</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">EDWIN FLORES</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <div style="text-align: center; font-size: 1.5em; font-family: cursive;">N/A</div>	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
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 <b>EDWIN FLORES</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <b>N/A</b>	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: |

2 FILER NAME

EDWIN FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name N/A	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

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

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

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

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

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

**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: <div style="text-align: right;">1</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">EDWIN FLORES</div>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>		
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**