

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Homer	MI 5	OFFICE USE ONLY
	NICKNAME	LAST Flores	SUFFIX JR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9507 CADIZ STREET San Antonio, Texas 78224			
	AREA CODE PHONE NUMBER EXTENSION () homersflores@yahoo.com			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Homer	MI 5	Date Received
	NICKNAME	LAST Flores	SUFFIX JR	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9507 CADIZ STREET San Antonio, Texas 78224			Receipt #
	AREA CODE PHONE NUMBER EXTENSION () homersflores@yahoo.com			Amount \$
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			Date Processed
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			Date Imaged
10 PERIOD COVERED	Month Day Year 7 / 1 / 2023 THROUGH 12 / 31 / 2023			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) D3 SSAISD School Board Trustee		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

The CION instruction Guide explains how to complete this form.

4 Filer ID (from Commission Filing)

5 Total pages filed: 2

<p>3 CANDIDATE / OFFICERHOLDER NAME</p> <p>MSA NUMBER: <u>00000000</u></p> <p>FIRST: <u>John</u> LAST: <u>Smith</u></p> <p>ADDRESS: <u>123 Main St</u> CITY: <u>Anytown</u> STATE: <u>CA</u> ZIP CODE: <u>90210</u></p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>6 CANDIDATE / OFFICERHOLDER PHONE</p>
<p>4 CANDIDATE / OFFICERHOLDER MAILING ADDRESS</p> <p>Change of Address: <input type="checkbox"/></p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>7 CANDIDATE / OFFICERHOLDER PHONE</p>
<p>5 CANDIDATE / OFFICERHOLDER NAME</p> <p>FIRST: <u>John</u> LAST: <u>Smith</u></p> <p>ADDRESS: <u>123 Main St</u> CITY: <u>Anytown</u> STATE: <u>CA</u> ZIP CODE: <u>90210</u></p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>8 CAMPAIGN TREASURER NAME</p>
<p>6 CAMPAIGN TREASURER NAME</p> <p>FIRST: <u>John</u> LAST: <u>Smith</u></p> <p>ADDRESS: <u>123 Main St</u> CITY: <u>Anytown</u> STATE: <u>CA</u> ZIP CODE: <u>90210</u></p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>9 CAMPAIGN TREASURER PHONE</p>
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>10 PERIOD COVERED</p> <p>Month: <u>12</u> Year: <u>2008</u> THROUGH Month: <u>12</u> Year: <u>2008</u></p>
<p>8 CAMPAIGN TREASURER PHONE</p>		<p>11 ELECTION</p> <p>ELECTION DATE: <u>12/08</u></p> <p>ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Recall <input type="checkbox"/> Special <input type="checkbox"/> Other</p>
<p>9 CAMPAIGN TREASURER NAME</p> <p>FIRST: <u>John</u> LAST: <u>Smith</u></p> <p>ADDRESS: <u>123 Main St</u> CITY: <u>Anytown</u> STATE: <u>CA</u> ZIP CODE: <u>90210</u></p> <p>AREA CODE: <u>(714)</u> PHONE NUMBER: <u>555-1234</u> EXTENSION: <u>5678</u></p>		<p>12 OFFICE</p> <p>OFFICE FIELD (any): <u>123456789</u></p> <p>OFFICE COUNT (if known): <u>13</u></p>
<p>10 PERIOD COVERED</p> <p>Month: <u>12</u> Year: <u>2008</u> THROUGH Month: <u>12</u> Year: <u>2008</u></p>		<p>13 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>Additional Pages: <input type="checkbox"/></p> <p>COMMITTEE TYPE: <input type="checkbox"/> General <input type="checkbox"/> Specific</p> <p>COMMITTEE NAME: _____</p> <p>COMMITTEE ADDRESS: _____</p> <p>COMMITTEE CAN WITH TREASURER NAME: _____</p> <p>COMMITTEE MAILING ADDRESS: _____</p>
<p>11 ELECTION</p> <p>ELECTION DATE: <u>12/08</u></p> <p>ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Recall <input type="checkbox"/> Special <input type="checkbox"/> Other</p>		<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>Additional Pages: <input type="checkbox"/></p> <p>COMMITTEE TYPE: <input type="checkbox"/> General <input type="checkbox"/> Specific</p> <p>COMMITTEE NAME: _____</p> <p>COMMITTEE ADDRESS: _____</p> <p>COMMITTEE CAN WITH TREASURER NAME: _____</p> <p>COMMITTEE MAILING ADDRESS: _____</p>

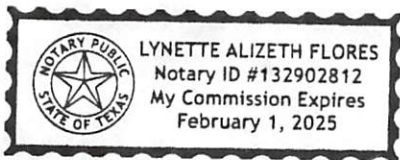
150-day direct campaign financial reporting (report every 60 days)
 Final Report (after CION RR)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		<i>Homer S. Flores Jr</i>	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<i>- 0 -</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>- 0 -</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<i>- 0 -</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>- 0 -</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>- 0 -</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>- 0 -</i>

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



Homer S. Flores Jr
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Homer Flores Jr this the 9 day of January,

2024, to certify which, witness my hand and seal of office.

Lynette Flores Lynette Flores Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

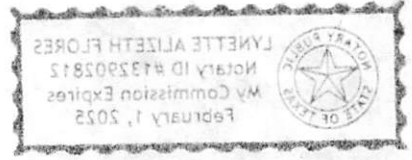
Signature of Candidate/Officeholder (Declarant)

FORM CIOH
COVER SHEET PG 2

CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT

18. CIOH NAME <i>Thomas J. Flores Jr.</i>		19. Filer ID (Election Commission Filer)
17. CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>100.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>100.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <i>100.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>100.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>100.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Thomas Flores Jr.* this *10* day of *January*, 20*25*

to certify which, witness my hand and seal of office.

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

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

Executed in _____ County, State of _____, on the _____ day of _____, 20____

(month) (Year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

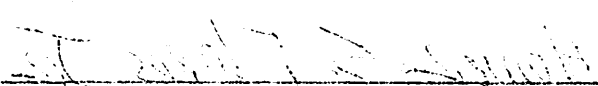
Homer S Flores Jr

20 Filer ID (Ethics Commission Filers)

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

COVER SHEET PG 3
FORM CIOH

SUBTOTALS - CIOH

18 FILER NAME 20 Filer ID (Ethics Commission Filer)		
SUBTOTAL AMOUNT	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
\$	1 SCHEDULE A: MONETARY POLITICAL CONTRIBUTIONS <input type="checkbox"/>	
\$	2 SCHEDULE A: NON-MONETARY (4-KIND) POLITICAL CONTRIBUTIONS <input type="checkbox"/>	
\$	3 SCHEDULE B: PLEDGED CONTRIBUTIONS <input type="checkbox"/>	
\$	4 SCHEDULE E: LOANS <input type="checkbox"/>	
\$	5 SCHEDULE F: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <input type="checkbox"/>	
\$	6 SCHEDULE F: UNPAID INCURRED OBLIGATIONS <input type="checkbox"/>	
\$	7 SCHEDULE F: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS <input type="checkbox"/>	
\$	8 SCHEDULE F: EXPENDITURES MADE BY CREDIT CARD <input type="checkbox"/>	
\$	9 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <input type="checkbox"/>	
\$	10 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OR CORP <input type="checkbox"/>	
\$	11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <input type="checkbox"/>	
\$	12 SCHEDULE K: INTEREST, CREDIT, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER <input type="checkbox"/>	