

# 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 files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Jose Manuel*  
NICKNAME LAST SUFFIX  
*Joe Flores*

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

*[Handwritten Signature]*  
JAN 16 AM 11:00

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*1105 Ursula Mission TX. 78572*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Luisa Maria*  
NICKNAME LAST SUFFIX  
*Ruiz*

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*1001 Rio Balsa, Mission, Texas 78572*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(956) 585-1831*

8 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)  
 July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
*06/31/07    12/31/07*

10 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
*/ /*

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

*Hidalgo County Commissioner    Hidalgo County Commissioner*  
*PCT. 3    PCT. 3*

13 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  
*NONE*

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Joe M. Flores

15 ACCOUNT # (Ethics Commission file)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,250.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,250.00

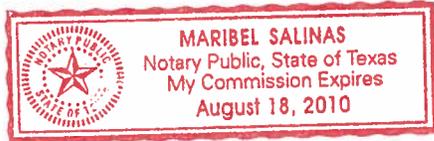
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



*Joe M. Flores*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 15 day of January, 2008, to certify which, witness my hand and seal of office.

*Maribel Salinas* *Maribel Salinas*  
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:

2 FILER NAME

Joe M. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-7-07

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

Norberto "Beto" Salinas

6 Contributor address; City; State; Zip Code

2009 North Conway  
Mission Texas 78572

7 Amount of contribution (\$)

\$ 1250.00

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of 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.



# LOANS

# SCHEDULE E

The instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME **Joe M. Flores** 3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ 0

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 Description of Collateral  
 none

13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation 18 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

Description of Collateral  
 none

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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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:

2 FILER NAME **Joe M. Flores** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12-7-07</b>	5 Payee name <b>Hidalgo County Democratic Party</b>	7 Amount (\$) <b>\$1,250.00</b>
6 Payee address; City; State; Zip Code <b>105 EAST Epressway 83 suite F Pharr, TEXAS</b>		

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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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:
2 FILER NAME <b>Joe M. Flores</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> 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:
2 FILER NAME <b>Joe M Flores</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The instruction Guide explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME <b>Joe M. Flores</b>	3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	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:
2 FILER NAME <b>Joe M. Flores</b>	3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name ..... 6 Payor address; City, State; Zip Code	8 Amount (\$)
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		

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Use)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder