

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: 35 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Jose FIRST (Joe) MI M. NICKNAME LAST SUFFIX Flores	OFFICE USE ONLY	
	Date Received		REC'D JUL 15 2015 W 11:25
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 310 Mission, TX 78572		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 458-6758		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Luisa FIRST MI NICKNAME LAST SUFFIX Ruiz	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE		Date Processed	
9 REPORT TYPE		Date Imaged	
10 PERIOD COVERED		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1711 Palazzo Dr. Mission, TX 78572	
11 ELECTION		AREA CODE PHONE NUMBER EXTENSION (956) 467-3925	
12 OFFICE		Month Day Year 01 / 01 / 2015 THROUGH 04 / 30 / 2015	
13 OFFICE SOUGHT (if known)		ELECTION DATE Month Day Year 03 / 01 / 2014	
OFFICE HELD (if any) Hidalgo County Commissioner, Pct. 3		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
OFFICE HELD (if any) Hidalgo County Commissioner, Pct. 3		OFFICE SOUGHT (if known) Hidalgo County Commissioner Pct. 3	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jose (Joe) M. Flores 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ <u>89,448.14</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>76,587.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>35,781.72</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30,000.00</u>

18 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 Joe M. Flores, this the 15 day of July, 20 15, 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

SUBTOTALS - COH

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

19 FILER NAME <i>Jose (Joe) M. Flores</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>82,200.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>7,248.14</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>30,000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>76,587.52</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Joe M. Flores		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto Trevino	7 Amount of contribution (\$) \$ 2,500.00
6 Contributor address; City; State; Zip Code 819 Veterans Blvd. Pharr, Tx		
8 Principal occupation / Job title (See Instructions) insurance agent		9 Employer (See Instructions)
Date 3/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bell	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code P.O. Box 653 Mission, Tx 78572		
Principal occupation / Job title (See Instructions) farmer / Land developer		Employer (See Instructions)
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Looney	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 12514 Chapel Bell St. San Antonio, TX		
Principal occupation / Job title (See Instructions) Insurance agent		Employer (See Instructions)
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey Garza	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 4209 Mile 8. Rd. Edinburg, TX		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Joe M. Flores		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ac. Cuellar Jr.	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 1700 E. 28th St. Westlaco, TX 78596		
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions)
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisela Marin	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 419 Rio Grande Dr. Mission, TX		
Principal occupation / Job title (See Instructions) finance comptroller		Employer (See Instructions)
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene A. Ramirez	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 612 W. Nolana Ave. St. 415 McAllen, TX		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions)
Date 3/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador Requenez	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1313 N. Moorefield Rd. Mission, TX		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Joe M. Flores		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Gonzalez 6 Contributor address; City; State; Zip Code 27678 Bixby Rd. LA Feria, TX	7 Amount of contribution (\$) \$ 2500.00
8 Principal occupation / Job title (See Instructions) professional engineer		9 Employer (See Instructions)
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio Cerda Contributor address; City; State; Zip Code 1602 Solar Dr. Mission, TX	Amount of contribution (\$) \$ 2500.00
Principal occupation / Job title (See Instructions) professional engineer		Employer (See Instructions)
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Grogan Blair Sampson Contributor address; City; State; Zip Code P.O. BOX 17428 Austin, TX 78760	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions) tax attorney		Employer (See Instructions)
Date 3/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Gallaga Contributor address; City; State; Zip Code 3530 Garret Rd. Harlingen, TX	Amount of contribution (\$) \$ 2,500.00
Principal occupation / Job title (See Instructions) professional engineer		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe M. Flores

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/15

5 Full name of contributor

Saul Ortega

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address; City; State; Zip Code

3710 Kiskadee Trail Edinburg, TX

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Date

3/24/15

Full name of contributor

EI Salinas Ranch (Beto Salinas)

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 3,000.00

Contributor address; City; State; Zip Code

500 e. 9th St. Mission, TX

Principal occupation / Job title (See Instructions)

Land developer

Employer (See Instructions)

Date

3/26/15

Full name of contributor

Perdue Brandon Fielder Collins & Motts LLP

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

P.O. Box 2916 McAllen, TX 78502

Principal occupation / Job title (See Instructions)

tax attorney

Employer (See Instructions)

Date

3/26/15

Full name of contributor

Carolina Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

27304 S. Buss Blvd. Edinburg, TX

Principal occupation / Job title (See Instructions)

adm. asst.

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *Joe M. Flores*

3 Filer ID (Ethics Commission Filers)

4 Date
3/26/15

5 Full name of contributor out-of-state PAC (ID#: _____)
Yvette Garza

7 Amount of contribution (\$)
\$ 2,500.00

6 Contributor address; City; State; Zip Code
27304 S. Bass Blvd. Harlingen, TX

8 Principal occupation / Job title (See Instructions)
dadm. accounting

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Javier Hinojosa

Amount of contribution (\$)

3/26/15

Contributor address; City; State; Zip Code
1308 Encanto Blvd. Mission, TX

\$ 2,500.00

Principal occupation / Job title (See Instructions)
engineer

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
ERO International LLP

Amount of contribution (\$)

3/26/15

Contributor address; City; State; Zip Code
300 S. 8th McAllen, TX 78501

\$ 2,500.00

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Ricardo Salinas

Amount of contribution (\$)

3/26/15

Contributor address; City; State; Zip Code
2011 N. Conway Ave. Mission, TX

\$ 20,000.00

Principal occupation / Job title (See Instructions)
attorney at Law

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Joe M. Flores

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/15

5 Full name of contributor

Pablo Garza Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2,500.⁰⁰

6 Contributor address;

City; State; Zip Code

9732 Bensten Rd. McAllen, TX

8 Principal occupation / Job title (See Instructions)

Construction Contractor

9 Employer (See Instructions)

Date

3/26/15

Full name of contributor

Emerson Arellano

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.⁰⁰

Contributor address;

City; State; Zip Code

1036 W. Franton Brownsville, TX

Principal occupation / Job title (See Instructions)

attorney at Law

Employer (See Instructions)

Date

3/26/15

Full name of contributor

A. Ford Sasser III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.⁰⁰

Contributor address;

City; State; Zip Code

315 E. Dallas McAllen, TX

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Date

3/26/15

Full name of contributor

Pablo Garza III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.⁰⁰

Contributor address;

City; State; Zip Code

4700 Xanthisma Ave. McAllen, TX

Principal occupation / Job title (See Instructions)

attorney at Law

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe M. Flores</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Garcia</i>	7 Amount of contribution (\$) <i>\$5,000.00</i>
6 Contributor address; City; State; Zip Code <i>222 W. University Dr. Edinburg, TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney at Law</i>		9 Employer (See Instructions)
Date <i>3/25/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William R. Leo</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 1290 LaJaya, TX</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)
Date <i>3/27/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rufino Garza</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Contributor address; City; State; Zip Code <i>3779 N. Bensten Palm Dr. Mission, TX</i>		
Principal occupation / Job title (See Instructions) <i>business owner</i>		Employer (See Instructions)
Date <i>4/16/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Atlas, Hall + Rodriguez LLP</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Drawer 3725 McAllen, TX</i>		
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joe M. Flores</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marid A. Flores</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
	6 Contributor address; City; State; Zip Code <i>5114 N. Inspiration Rd. Mission, TX</i>	
8 Principal occupation / Job title (See Instructions) <i>rancher</i>		9 Employer (See Instructions)
Date <i>4/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Ruppert</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; City; State; Zip Code <i>3803 Hobbs Dr. Edinburg, TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oscar Lee Longoria</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 4224 Mission, TX</i>	
Principal occupation / Job title (See Instructions) <i>attorney at law.</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jose (Joe) M. Florio</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>2-10-15</i>	5 Payee name <i>Inter National Bank</i>				
6 Amount (\$) <i>30.00</i>	7 Payee address; City; State; Zip Code <i>1801 S. 2nd St. McAllen, TX</i>				
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Bank fee</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4-3-15</i>	Payee name <i>Plains Capital Bank</i>				
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code <i>1801 S. 2nd St. Lubbock, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Banking fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>6-30-15</i>	Payee name <i>Plains Capital Bank</i>				
Amount (\$) <i>15.00</i>	Payee address; City; State; Zip Code <i>1801 S. 2nd St. Lubbock, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Jose (Joe) M. Flores</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>7,248.14</u>	
5 Date <u>3/26/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacinto Garza</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>27304 S. Bas Harlingen, TX</u>	<u>\$ 7,248.14</u>	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>engineer</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>L+G engineering</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Joe M. Flores	3 Filer ID (Ethics Commission Filers)
---	--------------------------------------	---------------------------------------

4 Date 2/10/15	5 Payee name Exclusive Decals
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6 Amount (\$) 5953.⁷⁵	7 Payee address; City; State; Zip Code 2 1/2 mile + Homa Rd. Mission, TX 78513
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/15	Payee name Brando
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Amount (\$) 5000.⁰⁰	Payee address; City; State; Zip Code 1500 Sycamore Ave. McAllen, TX 78501
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consultant expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/19/15	Payee name Miss RGV
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Amount (\$) 750.⁰⁰	Payee address; City; State; Zip Code 2208 Primrose Suite M. McAllen, TX
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>2/26/15</i>	5 Payee name <i>Brando</i>			
6 Amount (\$) <i>5000.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1500 Sycamore Ave. McAllen, TX 78501</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consultant expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			
Date <i>2/26/15</i>	Payee name <i>Exclusive Deals</i>			
Amount (\$) <i>910.⁰⁰</i>	Payee address; City; State; Zip Code <i>2 1/2 mile + La Homa Rd. Mission, TX</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			
Date <i>2/26/15</i>	Payee name <i>BOYS SCOUTS of America Troop 83</i>			
Amount (\$) <i>175.⁰⁰</i>	Payee address; City; State; Zip Code <i>1617 N. 30th St. McAllen, TX</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other/ Donation BBQ Benefit</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26/15</i>	5 Payee name <i>Lorenzo Garcia</i>	
6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>201 Alma St. Peñitas, TX 78576</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>other/</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Donation Medical expenses</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/5/15</i>	Payee name <i>Exclusive Decals</i>	
Amount (\$) <i>529.00</i>	Payee address; City; State; Zip Code <i>2 1/2 mile + La Homa Rd. Mission, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/5/15</i>	Payee name <i>Casa del Taco</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>1800 E. BUS. Expwy 83 Mission, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/15</i>	5 Payee name <i>Sara Vela</i>	
6 Amount (\$) <i>116.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1405 Melinda Dr. Mission, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement / cake for event</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3/7/15</i>	Payee name <i>Casa del Taco</i>	
Amount (\$) <i>1247.⁰⁸</i>	Payee address; City; State; Zip Code <i>1800 E. Bus Hwy #3 Mission TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Chairs Bkfst</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>event expense</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <i>3/7/15</i>	Payee name <i>Sara Vela</i>	
Amount (\$) <i>250.⁰⁰</i>	Payee address; City; State; Zip Code <i>1405 Melinda Dr. Mission, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other /</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>reimbursement campaign expense</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Joe M. Flores** 3 Filer ID (Ethics Commission Filers)

4 Date **3/20/15** 5 Payee name **MCM Sporting Goods**

6 Amount (\$) **195.93** 7 Payee address; City; State; Zip Code **1302 N. Conway Ave. Mission, TX**

8 (a) Category (See categories listed at the top of this schedule) **Printing expense**
 (b) Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

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

Date **3/20/15** Payee name **Celebrity Cake Shop**

Amount (\$) **61.00** Payee address; City; State; Zip Code **2412 Pecan Blvd. McAllen, Tx**

PURPOSE OF EXPENDITURE **Food/Beverage expense for fundraiser**
 Category (See categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

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

Date **3/26/15** Payee name **LA Hacienda Del Patron**

Amount (\$) **7248.14** Payee address; City; State; Zip Code **4401 W. EXPWAY 83 McAllen, TX 78503**

PURPOSE OF EXPENDITURE **event expense**
 Category (See categories listed at the top of this schedule) **(Fundraiser)**
 Description
 Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense

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

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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joe M. Flores	3 Filer ID (Ethics Commission Filers)
4 Date 4/7/15	5 Payee name Arturo Gonzalez Scholarship fund	
6 Amount (\$) 1006.00	7 Payee address; City; State; Zip Code 2734 W. LOOP 374 Palmview, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other/ donation for scholarship	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/8/15	Payee name Inter National Bank	
Amount (\$) 64.07	Payee address; City; State; Zip Code 1801 S. 2nd St. McAllen, Tx 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) accounting/ Banking fees	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/10/15	Payee name MCM Sporting Goods	
Amount (\$) 313.93	Payee address; City; State; Zip Code 1302 N. Conway Ave. Mission, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joe M. Flores	3 Filer ID (Ethics Commission Filers)
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4 Date 4/10/15	5 Payee name Roberto Salazar
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6 Amount (\$) 978.²⁴	7 Payee address; City; State; Zip Code 6 1/2 Western Rd. LaJoya, Tx
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) reimbursement/ event expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/15	Payee name Hermelinda Salinas
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Amount (\$) 1000.⁰⁰	Payee address; City; State; Zip Code p.o. Box 223 Sullivan City, Tx
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other/ Donation	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/15	Payee name Casa del Taco
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Amount (\$) 600.⁰⁰	Payee address; City; State; Zip Code 1800 E. Bas 83 Mission, Tx 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense Pct. chair meeting Pct-3	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/15</i>	5 Payee name <i>Brando</i>	
6 Amount (\$) <i>5000.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1500 Sycamore Ave. McAllen, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>consulting expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>4/17/15</i>	Payee name <i>Aide J Garcia</i>	
Amount (\$) <i>500.⁰⁰</i>	Payee address; City; State; Zip Code <i>400 W. Veterans Blvd. Palmview, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other/ Palmview Boys & Girls club</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Baseball sponsorship</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>4/18/15</i>	Payee name <i>Brisquet House</i>	
Amount (\$) <i>228.34</i>	Payee address; City; State; Zip Code <i>2714 E. Griffin Pkwy Mission, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>event expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>4/20/15</i>	5 Payee name <i>Humberto Garza</i>				
6 Amount (\$) <i>975.00</i>	7 Payee address; City; State; Zip Code <i>909 Barns St. Mission, Tx</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>other: Donation/funeral</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/20/15</i>	Payee name <i>Martha Zamora</i>				
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>1624 Military Rd. Peñitas, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other/ Donation medical</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/27/15</i>	Payee name <i>Inter National Bank</i>				
Amount (\$) <i>30,042.⁰⁴</i>	Payee address; City; State; Zip Code <i>1801 S. 2nd St. McAllen, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan repayment pay-off</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>5/8/15</i>	5 Payee name <i>Noemi Benavidez</i>				
6 Amount (\$) <i>2000.00</i>	7 Payee address; City; State; Zip Code <i>446 W. EXPWY 83 Sullivan City, Tx</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>other /</i> <i>Donation medical Benefit</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/08/15</i>	Payee name <i>Roberto Salazar</i>				
Amount (\$) <i>150.35</i>	Payee address; City; State; Zip Code <i>6 1/2 Western Rd. La Joya, Tx</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other /</i> <i>reimbursement expense</i> <i>Supplies</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/8/15</i>	Payee name <i>Progress Times</i>				
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>1217 N. Conway Ave. Mission, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>5/14/15</i>	5 Payee name <i>St. Anne Parish Community</i>				
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>1709 Coconut Palm Dr. Peritas, TX</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other/ Donation expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/21/15</i>	Payee name <i>Ana Karen Elizondo</i>				
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>7423 N. Terry Rd. Edinburg, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other/ Donation expense (burned home)</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>6/9/15</i>	Payee name <i>Nellie Soliz</i>				
Amount (\$) <i>1500.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 133 Sullivan City, TX</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Other/ Donation expense (medical)</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Joe M. Flores</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/15/15</i>	5 Payee name <i>Mario Rodriguez</i>
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6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>1504 Oak Dr. Mission, TX 78572</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>other/ Donation / travel MD. Anderson medical</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/15/15</i>	Payee name <i>Vanessa Brown</i>
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Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>1008 Paloma St. Mission</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other/ Donation expense (medical)</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jose (Joe) M. Flores</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-9-15</i>	5 Payee name <i>Plains Capital Bank</i>	
6 Amount (\$) <i>\$5.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 271 Lubbock, Tx 79408-</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Banking fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>2-13-15</i>	Payee name <i>Plains Capital Bank</i>	
Amount (\$) <i>50.31</i>	Payee address; City; State; Zip Code <i>P.O. Box 271 Lubbock, Tx</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Banking fees order checks</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>3-3-15</i>	Payee name <i>Plains Capital Bank</i>	
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 271 Lubbock, Tx</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Banking fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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