

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 3
3 COMMITTEE NAME Healthy Hidalgo County		OFFICE USE ONLY Date Received RECEIVED JAN 15 2016 <i>2:30 pm</i> <i>RRL</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 612 W Nolana Ave Ste 415 McAllen TX 78504		
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Dr. Blandina NICKNAME LAST SUFFIX Bambi Cardenas Flores			
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6910 N First Lane McAllen TX 78504		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6910 N First Lane McAllen TX 78504		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 457 4499		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year July / 16 / 2015 THROUGH January / 15 / 2016		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

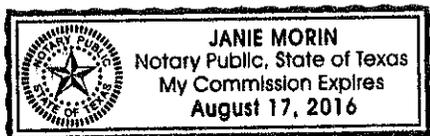
12 COMMITTEE NAME **Healthy Hidalgo County** ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME									
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)									
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <table style="float: right; margin-left: 20px;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> </tr> </table>	ELECTION DATE			Month	Day	Year	/	/	
	ELECTION DATE										
Month	Day	Year									
/	/										
	DESCRIPTION										

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 711.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4875.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Blandina C. Flores
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Blandina C. Flores, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

Janie Morin Signature of officer administering oath
Janie Morin Printed name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Healthy Hidalgo County	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/14/15	5 Payee name CD Austin
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6 Amount (\$) 81.19	7 Payee address; City; State; Zip Code 271 Middle Creek Dr Buda TX 78610
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) website maintenance <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 10/9/15	Payee name AIM Print Direct
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Amount (\$) 630.00	Payee address; City; State; Zip Code 1913 W Houston Ave McAllen TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) buttons <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 (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 (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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED