

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 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em;">William R.</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em;">Rudy FLORES</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Filed For Record Time <u>10:20 am</u> <div style="text-align: center; font-size: 1.5em;">JAN 17 2024</div> <div style="text-align: center;"> Casey Brown Elections Administrator By <u>[Signature]</u> deputy <u>[Signature]</u> </div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">1020 E. LACY ST. Palestine, Tx 75801</div>	<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Imaged</div> </div>									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(903) 922-0057</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em;">REBECCA D.</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em;">BECKY FLORES</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="text-align: center; font-size: 1.2em;">1020 E. LACY ST. Palestine, Tx 75801</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="text-align: center; font-size: 1.2em;">(903) 922-1232</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="text-align: center; font-size: 1.2em;">07 / 16 / 2023 THROUGH 01 / 15 / 2024</div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> <div style="text-align: center; font-size: 1.2em;">03 / 05 / 2024</div>										
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">SHERIFF</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">SHERIFF</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

WILLIAM R. FLORES

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)

\$ 110⁰⁰

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

\$ 14,819⁵⁶

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,005¹⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 25,015¹⁴

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

William R. Flores

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, 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

OR

(2) Unsworn Declaration

My name is William R. Flores, and my date of birth is 11-17-1963

My address is 1020 E. Lacy St., Palestine, TX, 75801, USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Anderson County, State of Texas, on the 15th day of JANUARY, 2024

(month)

(year)

William R. Flores
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

WILLIAM R. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,711
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10856
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 5,000 ⁰⁰
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,005 ¹⁰
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01-05-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGER BAKER 6 Contributor address; City; State; Zip Code 220 ACR 404 Palestine TX 75803	7 Amount of contribution (\$) \$ 200⁰⁰
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12-10-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGH SUMMERS Contributor address; City; State; Zip Code 111 W. Spring St. Palestine TX 75801	Amount of contribution (\$) \$ 100⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01-05-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY JUNG Contributor address; City; State; Zip Code 827 N. TENNESSEE Palestine TX 75801	Amount of contribution (\$) \$ 50⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK HENDERSON Contributor address; City; State; Zip Code 4334 Hwy 19 S. Palestine TX 75821	Amount of contribution (\$) \$ 500⁰⁰
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 09-12-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HAROLD CAMPBELL 6 Contributor address; City; State; Zip Code 2601 Timberline Trl. Palestine TX 75803	7 Amount of contribution (\$) \$ 100⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09-23-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CINDY BROWN Contributor address; City; State; Zip Code 501 ACR 2216 Palestine TX 75801	Amount of contribution (\$) \$ 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-20-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAN DAVIS Contributor address; City; State; Zip Code PO BOX 344 Palestine TX 75801	Amount of contribution (\$) \$ 250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09-19-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT LANFORD Contributor address; City; State; Zip Code P.O BOX 340 TENNESSEE Colony TX 75861	Amount of contribution (\$) \$ 100⁰⁰
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-05-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerrey NEWTON 6 Contributor address; City; State; Zip Code PO Box 2031 Palestine, TX 75802	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-05-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LeeAnn MARTINE Contributor address; City; State; Zip Code 212 SEMINOLE Palestine, TX 75801	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-04-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg CHAMPAGNE Contributor address; City; State; Zip Code 250 ACR 159 Palestine, TX 75801	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-3-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL Smith Contributor address; City; State; Zip Code 1609 ACR 359 Palestine, TX 75803	Amount of contribution (\$) \$ 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 12-4-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELTON BOMER	7 Amount of contribution (\$) \$250 ⁰⁰
6 Contributor address; City; State; Zip Code 1199 FM 837 MONTALBA, TX 75853		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-5-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFREY SCHWAB	Amount of contribution (\$) \$250 ⁰⁰
Contributor address; City; State; Zip Code 1421 VIRGINIA AVE PALESTINE, TX 75803		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N. L. Webb	Amount of contribution (\$) \$501 ⁰⁰
Contributor address; City; State; Zip Code PO Box 4422 PALESTINE, TX 75802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-27-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. TODD STAPLES	Amount of contribution (\$) \$500 ⁰⁰
Contributor address; City; State; Zip Code 7 ANDERSON PALESTINE, TX 75801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>WILLIAM R. FLORES</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11-30-2023</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CODY HARRIS</u>	7 Amount of contribution (\$) <u>\$ 1000⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>1007 N. MARLARD Palestine TX 75801</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12-12-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>THOMAS CALHOUN</u>	Amount of contribution (\$) <u>\$ 1000⁰⁰</u>
Contributor address; City; State; Zip Code <u>PO Bx 301 Palestine, TX 75802</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12-13-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MICHAEL THOMASON</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>
Contributor address; City; State; Zip Code <u>PO Bx 1573 Palestine, TX 75802</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12-15-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DAVID BARNARD</u>	Amount of contribution (\$) <u>\$ 500⁰⁰</u>
Contributor address; City; State; Zip Code <u>P.O. Bx 1310 Palestine, TX 75802</u>		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 12-18-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PERRIN ROLLER	7 Amount of contribution (\$) \$ 1000 ⁰⁰
6 Contributor address; City; State; Zip Code P.O. BOX 2150 Palestine TX 75802		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-20-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEON WILLHITE	Amount of contribution (\$) \$ 250 ⁰⁰
Contributor address; City; State; Zip Code 121 ACR 3703 Palestine TX 75801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-19-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricky Smith	Amount of contribution (\$) \$ 150 ⁰⁰
Contributor address; City; State; Zip Code 5531 FM 322 Palestine TX 75801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-19-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GORDON BARRETT Broyles Jr.	Amount of contribution (\$) \$ 500 ⁰⁰
Contributor address; City; State; Zip Code P.O. Box 532 Palestine TX 75802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <u>WILLIAM R. FLORES</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12-28-2023</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>AMY FRENCH</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>15 ANDERSON DR. PALESTINE TX 75801</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12-28-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>PAUL WOODARD</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>
Contributor address; City; State; Zip Code <u>2058 US 287 N. PALESTINE TX 75803</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12-28-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>WYMA MISILINE</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>380 ACR 414 PALESTINE TX 75803</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12-30-2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>VIRAL GANDHI</u>	Amount of contribution (\$) <u>\$500⁰⁰</u>
Contributor address; City; State; Zip Code <u>310 E. CRAWFORD PALESTINE TX 75801</u>		
Principal occupation / Job title (See Instructions)		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

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2 FILER NAME <u>WILLIAM R. FLORES</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>01-03-2024</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN CONAWAY</u> 6 Contributor address; City; State; Zip Code <u>PO Box 1388 Whitehouse TX 75791</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>01-04-2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amy Russell</u> Contributor address; City; State; Zip Code <u>624 E FM 3224 Palestine TX 75803</u>	Amount of contribution (\$) <u>\$300⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>01-04-2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN HICKS</u> Contributor address; City; State; Zip Code <u>16999 N SH 19 Palestine, TX 75803</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>01-04-2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEVE MISSILDINE</u> Contributor address; City; State; Zip Code <u>380 ACR 414 Palestine TX 75803</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>
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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01-04-2023	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRAVIS BROOKS</div> <div>6 Contributor address; City; State; Zip Code P.O. Bx 1550 Palestine, TX 75802</div>	7 Amount of contribution (\$) \$ 500⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-31-2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jon Brown</div> <div>Contributor address; City; State; Zip Code POB 246 Palestine, TX 75802</div>	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-27-2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINDA DICKENS</div> <div>Contributor address; City; State; Zip Code 100 W. OAK ST. Palestine TX 75801</div>	Amount of contribution (\$) \$ 500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-12-2024	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRENDA WALKER</div> <div>Contributor address; City; State; Zip Code 9596 E. US Hwy 84 Palestine TX 75801</div>	Amount of contribution (\$) \$ 500⁰⁰
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01-12-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JACQUELINE JOHNSTON	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code 402 SHADOW WOOD DR. PALESTINE TX 75801		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES MELTON	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 2405 BENTWOOD DR. PALESTINE TX 75803		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Wzuzam R. Flores</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>108 56</u>	
5 Date <u>01-04-2024</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Steve Missildine</u>	8 Amount of Contribution \$ <u>\$88 56</u>	9 In-kind contribution description <u>Paper goods + Food</u>
7 Contributor address; City; State; Zip Code <u>380 Ace 414 Palestine TX 75803</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>RETIRED</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <u>01-04-2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jack Kartz + Deborah Walton</u>	Amount of Contribution \$ <u>\$20 00</u>	In-kind contribution description <u>Paper + Goods + Food</u>
Contributor address; City; State; Zip Code <u>555 FM- 2330 MONTALBA, TX 75853</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>RETIRED</u>		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.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME WILLIAM R. FLORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000⁰⁰
5 Date of loan 09-23-2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) William R. Flores	9 Loan Amount (\$) 5,000⁰⁰
6 Is lender a financial Institution? <div style="display: flex; justify-content: space-around;">YN</div>	8 Lender address; City; State; Zip Code 1020 E. Lacy St. Palestine TX 75801	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) SHERIFF		13 Employer (See Instructions) ANDERSON County
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <div style="display: flex; justify-content: space-around;">YN</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>		2 FILER NAME <u>William R. Flores</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>01-15-2024</u>		5 Payee name <u>William R. Flores</u>			
6 Amount (\$) <u>\$560.19</u>		7 Payee address; City; State; Zip Code <u>1020 E. Lacy St. Palestine, TX 75801</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>REIMBURSE - Food, postage, ADVERTISEMENT, wiretapes, PAINT</u>		(b) Description <u>See "A"</u>		
	(c) <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 <u>11-08-2023</u>		Payee name <u>Anderson County Republican Party</u>			
Amount (\$) <u>\$750.00</u>		Payee address; City; State; Zip Code <u>1020 E. Lacy St. Palestine TX 75801</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fee</u>		Description <u>FILING Fee For Primary ELEC.</u>		
	<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 <u>12-24-2023</u>		Payee name <u>DOGWOOD JAMBOREE</u>			
Amount (\$) <u>\$100.00</u>		Payee address; City; State; Zip Code <u>P.O. Box 288 Palestine TX 75802</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>		Description <u>PRINT & DIGITAL AD</u>		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME <u>WILLIAM R. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>09-12-2023</u>	5 Payee name <u>GO DADDY</u>	
6 Amount (\$) <u>\$133.59</u>	7 Payee address; City; State; Zip Code <u>UNKNOWN</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	
	(b) Description <u>WEB PAGE SET-UP FEES</u>	
(c) <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 <u>2023-09-07</u>	Payee name <u>DESIGNER GRAPHICS</u>	
Amount (\$) <u>\$1550.46</u>	Payee address; City; State; Zip Code <u>1204 SH-155 Tyler, TX 75703</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING/PRINTING</u>	
	Description <u>DESIGN/PRINT SIGNS</u>	
<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 <u>10-02-2023</u>	Payee name <u>GO DADDY</u>	
Amount (\$) <u>\$2622.22</u>	Payee address; City; State; Zip Code <u>UNKNOWN</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	
	Description <u>WEB DESIGN FEES</u>	
<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME WILLIAM R. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 10-06-2023	5 Payee name PALESTINE SIGN CO.	
6 Amount (\$) \$1423⁰²	7 Payee address; City; State; Zip Code 500 W. MAIN ST PALESTINE TX 75803	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description BUSINESS CARDS/FLYERS, ETC
	(c) <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 12-13-2023	Payee name THE MESSENGER	
Amount (\$) \$350⁰⁶	Payee address; City; State; Zip Code 113 N. MAIN GrapeLand TX 75844	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description NEWSPAPER AD
	<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 12-14-2023	Payee name PALESTINE SIGN CO.	
Amount (\$) \$836⁷⁷	Payee address; City; State; Zip Code 500 W. MAIN ST. PALESTINE, TX 75803	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN T-SHIRTS
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME <u>William R. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>01-09-2024</u>	5 Payee name <u>DESIGNER GRAPHICS</u>	
6 Amount (\$) <u>\$678.84</u>	7 Payee address; City; State; Zip Code <u>1204 SH-155 Tyler TX 75703</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	(b) Description <u>POLT. SIGNS</u>
	(c) <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
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

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>William</u>	MI <u>R.</u>	Date Received Filed For Record Time <u>10:39 AM</u> <u>JAN 18 2024</u> Date Hand-delivered or Date Postmarked Casey Brown Receipt # <u>CA</u> By <u>CA</u> Agency Date Processed Date Imaged	
	NICKNAME <u>Ruby</u>	LAST <u>FLORES</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____				
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>07 / 16 / 2023</u> THROUGH <u>01 / 15 / 2024</u>				
6 EXPLANATION OF CORRECTION <u>I MADE A MATH ERROR WHICH CAUSED PAGES 2 AND 3 TO REQUIRE CORRECTION.</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. <div style="text-align: right; margin-right: 100px;"><u>William R. Flores</u> Signature of Candidate/Officeholder</div>					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP / SEAL					
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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	
OR					
(2) Unsworn Declaration					
My name is <u>William R. Flores</u> , and my date of birth is <u>11-17-1963</u> .					
My address is <u>1020 E. Lacy St.</u> , <u>Palestine</u> , <u>Tx</u> , <u>75804</u> <u>USA</u> . (street) (city) (state) (zip code) (country)					
Executed in <u>Anderson</u> County, State of <u>Texas</u> , on the <u>10th</u> day of <u>JANUARY</u> , 20 <u>24</u> . (month) (year)					
<u>William R. Flores</u> Signature of Candidate/Officeholder (Declarant)					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>William R. Flores</u>		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)	\$ <u>170⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,709⁵⁶</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,005⁰⁹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,864¹⁴</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

William R. Flores

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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

OR

(2) Unsworn Declaration

My name is William R. Flores, and my date of birth is 11-17-1963.
My address is 1020 E. Lacy St., Palestine, TX 75801 USA.
(street) (city) (state) (zip code) (country)

Executed in Anderson County, State of Texas, on the 18th day of JANUARY, 2024.
(month) (year)

William R. Flores
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,601 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 108 ⁵⁶
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 5,000 ⁰²
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,005 ⁰⁹
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