### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	l:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Frank NICKNAME LAST	MI SUFFIX	OFFICE U	
	Flores I	V.	FILED FOR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	324 Kissling Ave Robstown, Te		MAY 1 6  CLERK, COUNTY COURT, NU	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 726 - 8408	EXTENSION	Date Hand-delivered o	r Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Flores:	···(	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt/si 324 Kissling Robstown/		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 726 - 8408	EXTENSION		g G
9 REPORT TYPE	January 15 30th day before e		15th day afte treasurer app (Officeholder	ointment
10 PERIOD COVERED	Month Day Year 02 / 01 / 2016	THROUGH 05/	Day Year / 16 / 201	6
11 ELECTION	ELECTION DATE	Runoff Description  Special		
12 OFFICE	Nucles County Constable Pct. 5	Nucces Co Constable	1780	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

		The state of the s	
14 C/OH NAME	rank F	loves Tit	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOWNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN JRES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
a	☐ GENERAL	COMMITTEE ADDRESS	3
		COMMITTEE CAMPAIGN TREASURER NAME	s s
Additional Pages		*	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3925,00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$4 436. 47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ X
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
18 AFFIDAVIT		0	4000
M. M.	ARGARET MEADE DMMISSION EXPIRES April 6, 2019	I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.  Signature of Candid	
AFFIX NOTARY STAI	MP/SEALABOVE		
Sworn to and subs		by the said Flores, From le	, this the $16$
day of Mouv, 20 lo, to certify which, witness my hand and seal of office.			
Margar	et Meade	Margaret Meade	Notary
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILERNAME Frank Flores TIT 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3925.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 4,436.4
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Frank Fiores II		3 Filer ID (Ethics Commission Filers)	
4 Date 04/11/16	5 Full name of contributor out-of-state PAC  TULIA GEORGE  6 Contributor address; City; State;  2345 Violate Rd. Confidence of the Confide	Zip Code	7 Amount of contribution (\$)  500.	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct		
Date	Full name of contributor	(ID#:	Amount of contribution (\$)	
05/07/16	Fundraiser  Contributor address; City; State 603 W. Ave A Robst	Zip Code	1425.00	
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date 05/12/16	Full name of contributor out-of-state PAC Bradford A. Wx a Contributor address; City; State: P.OBOX 10 Reality	Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction of Selfemp)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
ž.	Contributor address; City; State	; Zip Code		
(9))	5	×		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)	
-	to.		8	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE H

#### **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)

Candidate/Officeholder/Politic Credit Card Payment		Other (enter a category not listed above)
	The Instruction Guide explains how to	
1 Total pages Schedule H:	2 FILER NAME Frank Flores III	3 Filer ID (Ethics Commission Filers)
4 Date 63/01/16	5 Business name Kevin Kieschnick	
6 Amount (\$)/	7 Business address; City; State; Zip Code Nucles County Courthouse	Suite 301
30.	Corpus Christi, Texas	> 78401
8 -PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing	Check if Austin, TX, officeholder living expense
LAPENDITOTIC	Expense	a
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Business name	
03/30/16	Mail & Stuft	rinting
Amount (\$)	Business address; City; State; Zip Code	
372 47	616 Ayes Ste. 50	TORKIT
313.1	Corpus Christi, Texas	18415
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1500	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 05/07/16	Business name HEB	an and an analysis of the second seco
Amount (\$)	Business address; City; State; Zip Code	15
598.60	308 E Main Ave.	78380
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Food/Beverage - 1	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	OH .	* .

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: 0 4 Date City; State; Zip Code Business address; Island (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name City; State; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name City; State; Zip Code T Robstown, Texas 78380 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Pollina Expense Travel In District Consulting Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: FILER NAME 0 4 Date (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/2015

## SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Transport Polling Expense Travel I Printing Expense Travel I	ion/Fundraising Expense ortation Equipment & Related Expense n District Dut Of District enter a category not listed above)
		3 Filen	ID (Ethics Commission Filers)
1 Total pages Schedule H:	2 FILER NAME Frank Flore	s TT	of Canal
4 Date 05/16/16	5 Business name Evasimo Castil	170	
250,00	7 Business address; City; State; 2	Zip Code Agra Dul	ce Texas
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top on this Schicitation Advertion Expense	schedule)  (b) Description  Check if travel outside of Texas. Co	X.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
05/16/16	Virginia Gar	29	e e
Amount (\$)	Business address; City; State;	Zip Code Corpus Chuist	Texas
520.00	10600 Hizer	7841	
PURPOSE OF EXPENDITURE	Solicitation Advertising Expense	schedule)  Description  Check if travel outside of Texas. Co  Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	- Office sought	Office held
Date 05/16/16	Business name	det	
Amount (\$) 1 00	Business address; City; State;	Conpus Christi,	Texas
PURPOSE OF EXPENDITURE	Category (See Categories, listed at the top of this Solicitation Advents  Expense	Schedule)  Description  Check if travel outside of Texas. C	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	*	2	a **
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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#### **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/Memonals 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME Frank Flores	iil s	3 Filer ID (Ethics Commission Filers)
4 Date 05/16/16 6 Amount (\$)	5 Business name  7 Business address; City; State; Zip Code	ainst. R	obstownytexas 78380
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check If travel outside of	Texas. Complete Schedule T. fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		т п
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. officeholder Ilving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name -	Office sought	Office held
Date .	Business name	le	
Amount (\$)	Business address; City; State; Zip Code		8
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) , -		Texas. Complete Schedule T.  officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH .	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED