

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

BILL FLORES FOR CONGRESS

ADDRESS (number and street)

PO BOX 6207



Check if different than previously reported. (ACC)

BRYAN

TX

77805

2. **FEC IDENTIFICATION NUMBER ▼**

C C00472241

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

TX

17

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2013

through

M M / D D / Y Y Y Y  
12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Rennaker

Signature of Treasurer Nancy Rennaker

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 80

Write or Type Committee Name

**BILL FLORES FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 3 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 93933.00                | 687890.73                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 11400.00                | 11400.00                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 82533.00                | 676490.73                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 99648.27                | 314053.04                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 1276.00                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 99648.27                | 312777.04                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 603940.71               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 553714.37               |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 80

Write or Type Committee Name

**BILL FLORES FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 1 | 3 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

31175.00

378510.00

(ii) Unitemized.....

1258.00

15304.00

(iii) TOTAL of contributions from individuals ▶

32433.00

393814.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

61500.00

294000.00

(d) The Candidate.....

0.00

76.73

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

93933.00

687890.73

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

3882.22

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

250000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

250000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

1276.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

107.17

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

93933.00

943156.12

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 80

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 99648.27                      | 314053.04                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 250000.00                     | 250000.00                          |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 250000.00                     | 250000.00                          |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 11400.00                      | 11400.00                           |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 11400.00                      | 11400.00                           |
| 21. OTHER DISBURSEMENTS .....                                                | 2000.00                       | 19500.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 363048.27                     | 594953.04                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 873055.98 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 93933.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 966988.98 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 363048.27 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 603940.71 |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 80

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Michael Beer**

Mailing Address 6943 Lerwick Ct

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing federal political committee.

C

Name of Employer

Williams &amp; Jensen

Occupation

Govt. Relations

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 17 / 2013

Transaction ID : SA11AI.6368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mr. Jack Bienski**

Mailing Address 4406 Nottingham Ln

City

Bryan

State

TX

Zip Code

77802

FEC ID number of contributing federal political committee.

C

Name of Employer

City of Bryan

Occupation

Mayor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 24 / 2013

Transaction ID : SA11AI.6230

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. Richard Bobigian**

Mailing Address 20445 State Highway 249 Ste 450

City

Houston

State

TX

Zip Code

77070

FEC ID number of contributing federal political committee.

C

Name of Employer

Engineer

Occupation

Huff Energy Holdings

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2013

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 80

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. George F. Boykin**

Mailing Address 2807 Briar Grove Cir

City

Bryan

State

TX

Zip Code

77802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 22 2013

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. Barrington Brown**

Mailing Address 1117 E Capitol St SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alpine Group

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 06 2013

Transaction ID : SA11AI.6235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mr. Sammy Citrano III**

Mailing Address 10008 Treeline Dr

City

Waco

State

TX

Zip Code

76712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georges Restaurant Inc.

Occupation

Restaurant Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
12 02 2013

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 80

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Joe P. Flores**

Mailing Address PO Box 147

City

Stratford

State

TX

Zip Code

79084

FEC ID number of contributing federal political committee.

C

Name of Employer

TEXAS FARM BUREAU INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2150.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2013

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

**Mr. Joe P. Flores**

Mailing Address PO Box 147

City

Stratford

State

TX

Zip Code

79084

FEC ID number of contributing federal political committee.

C

Name of Employer

TEXAS FARM BUREAU INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2580.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 25 / 2013

Transaction ID : SA11AI.6240

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

**Mr. Joe P. Flores**

Mailing Address PO Box 147

City

Stratford

State

TX

Zip Code

79084

FEC ID number of contributing federal political committee.

C

Name of Employer

TEXAS FARM BUREAU INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 25 / 2013

Transaction ID : SA11AI.6241

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

880.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 80

(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Joe P. Flores**

Mailing Address PO Box 147

City

Stratford

State

TX

Zip Code

79084

FEC ID number of contributing federal political committee.

C

Name of Employer

TEXAS FARM BUREAU INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3010.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 25    |   | 2013        |

Transaction ID : SA11AI.6623

Amount of Each Receipt this Period

410.00

Full Name (Last, First, Middle Initial)

**Dr. Mike Flores**

Mailing Address 8402 New England Dr

City

Amarillo

State

TX

Zip Code

79119

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2013        |

Transaction ID : SA11AI.6370

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

**Dr. Mike Flores**

Mailing Address 8402 New England Dr

City

Amarillo

State

TX

Zip Code

79119

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2610.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 05    |   | 2013        |

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

845.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Mark Gacke**

Mailing Address 317 Keys Creek Dr

City

Waco

State

TX

Zip Code

76708

FEC ID number of contributing federal political committee.

C

Name of Employer

James Construction Group, L.L.

Occupation

Construction

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : SA11AI.6372

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Mr. Kirk Goldman**

Mailing Address 114 N Sage Sparrow Cir

City

The Woodlands

State

TX

Zip Code

77389

FEC ID number of contributing federal political committee.

C

Name of Employer

Continental Airlines

Occupation

Pilot

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 03 / 2013

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Mr. Clint Hackney**

Mailing Address PO Box 163164

City

Austin

State

TX

Zip Code

78716

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Government Affairs Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2013

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 80  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**BILL FLORES FOR CONGRESS**

|                                                                                                                                               |                                   |                                                          |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Michael J. Havel</b>                                                                  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 28 / 2013 |                                                                                                |
| Mailing Address 7607 Chalkstone Dr                                                                                                            |                                   | <b>Transaction ID : SA11AI.6246</b>                      |                                                                                                |
| City<br>Dallas                                                                                                                                | State<br>TX                       | Zip Code<br>75248                                        | Amount of Each Receipt this Period<br>2600.00                                                  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                                                |
| Name of Employer<br>Metro Custom Plastics Inc                                                                                                 | Occupation<br>President           |                                                          |                                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00 |                                                          |                                                                                                |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HPCP Investments LLC</b>                                                              |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 06 / 2013 |                                                                                                |
| Mailing Address PO Box 41567                                                                                                                  |                                   | <b>Transaction ID : SA11AI.6620</b>                      |                                                                                                |
| City<br>Houston                                                                                                                               | State<br>TX                       | Zip Code<br>77241                                        | Amount of Each Receipt this Period<br>1000.00<br>See attribution below                         |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                                                |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |                                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                                                                                |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mr. Chris Pappas</b>                                                                  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 06 / 2013 |                                                                                                |
| Mailing Address PO Box 41567                                                                                                                  |                                   | <b>Transaction ID : SA11AI.6620.0</b>                    |                                                                                                |
| City<br>Houston                                                                                                                               | State<br>TX                       | Zip Code<br>77241                                        | Amount of Each Receipt this Period<br>1000.00<br>Partnership attribution<br><b>[MEMO ITEM]</b> |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                                                |
| Name of Employer<br>HPCP Investments LLC                                                                                                      | Occupation<br>Owner               |                                                          |                                                                                                |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                                                                                |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                   | 3600.00                                                  |                                                                                                |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                   |                                                          |                                                                                                |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Jonny Jones**

Mailing Address 807 Las Cimas Pkwy Ste 350

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Energy Ltd.

Occupation

CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

Transaction ID : SA11AI.6250

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Mr. Jonny Jones**

Mailing Address 807 Las Cimas Pkwy Ste 350

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Energy Ltd.

Occupation

CEO

Receipt For: 2014

☐ Primary    ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

Transaction ID : SA11AI.6252

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Dr. Robert M. Jones**

Mailing Address 10206 Pemhaven

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

Physician

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 18    |   | 2013        |

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

5700.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary Kirk**

Mailing Address 918 W 8th St

City

Mc Gregor

State

TX

Zip Code

76657

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 18    |   | 2013        |

Transaction ID : SA11AI.6256

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tom Kirk**

Mailing Address 918 W 8th St

City

Mc Gregor

State

TX

Zip Code

76657

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 18    |   | 2013        |

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Allyn R. Kramer**

Mailing Address 16102 Red Cedar Trl

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing federal political committee.

C

Name of Employer

Kramer Direct

Occupation

Marketing

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2013        |

Transaction ID : SA11AI.6261

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Lake Ridge Investments, LLC**

Mailing Address 15004 Estancia Ln

City

Waco

State

TX

Zip Code

76712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 20 2013

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. Glenn B. LeMunyon**

Mailing Address 419 Constitution Ave NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LeMunyon Group, LLC

Occupation

Government Affairs Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
11 22 2013

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Milam Mabry**

Mailing Address 4432 Crestway Dr

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mabry Public Affairs

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 01 2013

Transaction ID : SA11AI.6268

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 14 OF 80

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Dennis J. Phelan**

Mailing Address 5849 Aspen Wood Ct

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Seafood Processor Assn

Occupation

Manager

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 06 2013

Transaction ID : SA11AI.6270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Ms. Juandelle Lacy Roberts**

Mailing Address 5 Hialeah Dr

City

Midland

State

TX

Zip Code

79705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 06 2013

Transaction ID : SA11AI.6272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Mr. Pete A. Scarmardo**

Mailing Address 1893 Fm 1362 N

City

Caldwell

State

TX

Zip Code

77836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Cattle Raiser

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2013

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mr. Joe E. Sharp**

Mailing Address 4009 Airport Fwy

City

Bedford

State

TX

Zip Code

76021

FEC ID number of contributing federal political committee.

C

Name of Employer

First Baird Bancshares, Inc.

Occupation

Chairman of Bank

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2013

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Mrs. Alice Starr**

Mailing Address 1 Bear PI Unit 97004

City

Waco

State

TX

Zip Code

76798

FEC ID number of contributing federal political committee.

C

Name of Employer

Starr Strategies

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Mr. John J. Stocker**

Mailing Address PO Box 119

76 W. Melchior Dr. N

City

Santa Claus

State

IN

Zip Code

47579

FEC ID number of contributing federal political committee.

C

Name of Employer

Global Transport Group

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11AI.6278

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
           12       13a       13b       14       15

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NAME OF COMMITTEE (In Full)  
**BILL FLORES FOR CONGRESS**

|                                                                                                                                               |             |                                                     |                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Elizabeth Young</b>                                                                   |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |  |
| Mailing Address 3708 Stoney Creek Cir                                                                                                         |             |                                                     | <b>Transaction ID : SA11AI.6279</b>                      |  |
| City<br>Waco                                                                                                                                  | State<br>TX | Zip Code<br>76708                                   | Amount of Each Receipt this Period<br>_____ 2600.00      |  |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |             | Amount of Each Receipt this Period<br>_____ 2600.00 |                                                          |  |
| Name of Employer<br>N/A                                                                                                                       |             | Occupation<br>Homemaker                             |                                                          |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>_____ 5200.00             |                                                          |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Gary B. Young</b>                                                                     |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |  |
| Mailing Address 3708 Stoney Creek Cir                                                                                                         |             |                                                     | <b>Transaction ID : SA11AI.6280</b>                      |  |
| City<br>Waco                                                                                                                                  | State<br>TX | Zip Code<br>76708                                   | Amount of Each Receipt this Period<br>_____ 2600.00      |  |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |             | Amount of Each Receipt this Period<br>_____ 2600.00 |                                                          |  |
| Name of Employer<br>Tymco Inc                                                                                                                 |             | Occupation<br>Engineer                              |                                                          |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br>_____ 5200.00             |                                                          |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                                             |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y                   |  |
| Mailing Address                                                                                                                               |             |                                                     | _____                                                    |  |
| City                                                                                                                                          | State       | Zip Code                                            | Amount of Each Receipt this Period<br>_____              |  |
| FEC ID number of contributing federal political committee.<br>C _____                                                                         |             | Amount of Each Receipt this Period<br>_____         |                                                          |  |
| Name of Employer                                                                                                                              |             | Occupation                                          |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 |             | Election Cycle-to-Date<br>_____                     |                                                          |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |             |                                                     | _____ 5200.00                                            |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |             |                                                     | _____ 31175.00                                           |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ACSPA - Surgeons PAC**

Mailing Address 20 F St NW Ste 1000

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00382424

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11C.6314**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**Action Committee for Rural Electrification**

Mailing Address 4301 Wilson Blvd

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

**C** C00002972

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SA11C.6315**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Aircraft Owners and Pilots Assoc**

Mailing Address 421 Aviation Way

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

**C** C00131185

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11C.6316**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 18 OF 80  
 (check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**BILL FLORES FOR CONGRESS**

|                                                                                                                                               |                                   |                                                          |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>American Academy of Dermatology Political Action Committee</b>                        |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 17 / 2013 |                                               |
| Mailing Address 1445 New York Ave NW Ste 800                                                                                                  |                                   | <b>Transaction ID : SA11C.6317</b>                       |                                               |
| City<br>Washington                                                                                                                            | State<br>DC                       | Zip Code<br>20005                                        | Amount of Each Receipt this Period<br>2000.00 |
| FEC ID number of contributing federal political committee.<br>C C00359539                                                                     |                                   |                                                          |                                               |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000.00 |                                                          |                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>American Air Liquide Holdings, Inc. PAC</b>                                           |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 22 / 2013 |                                               |
| Mailing Address 2700 Post Oak Blvd Ste 1800                                                                                                   |                                   | <b>Transaction ID : SA11C.6318</b>                       |                                               |
| City<br>Houston                                                                                                                               | State<br>TX                       | Zip Code<br>77056                                        | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C C00314054                                                                     |                                   |                                                          |                                               |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>American College Of Cardiology</b>                                                    |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>12 / 31 / 2013 |                                               |
| Mailing Address 2400 N St NW                                                                                                                  |                                   | <b>Transaction ID : SA11C.6319</b>                       |                                               |
| City<br>Washington                                                                                                                            | State<br>DC                       | Zip Code<br>20037                                        | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C C00375360                                                                     |                                   |                                                          |                                               |
| Name of Employer                                                                                                                              | Occupation                        |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |                                                          |                                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                   | 5500.00                                                  |                                               |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                   |                                                          |                                               |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American College of Physicians**

Mailing Address 25 Massachusetts Ave NW Ste 700

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

**C** C00403881

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

Transaction ID : SA11C.6320

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. American College of Radiology Association PAC (RADPAC)**

Mailing Address 1891 Preston White Dr

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing federal political committee.

**C** C00343459

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

Transaction ID : SA11C.6321

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. American Gas Association PAC**

Mailing Address 400 N Capitol St NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

**C** C00007450

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 22 2013

Transaction ID : SA11C.6322

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Hospital Association PAC**

Mailing Address 325 7th St NW Ste 700

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00106146

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6323

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. American Osteopathic Information Association Osteopathic PAC**

Mailing Address 1090 Vermont Ave NW Ste 510

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00113803

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : SA11C.6324

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. APA PAC**

Mailing Address 1000 Wilson Blvd Ste 1825

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C** C00373696

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

Transaction ID : SA11C.6325

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**APSCU Political Action Committee**

Mailing Address 1101 Connecticut Ave NW Ste 900

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00213066

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6326

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Arnold & Porter Partners PAC**

Mailing Address 555 12th St NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00216895

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 06 / 2013

Transaction ID : SA11C.6327

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**AT&T Federal PAC**

Mailing Address 208 S. Akard St. Ste. 3521

City

Dallas

State

TX

Zip Code

75202

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 06 / 2013

Transaction ID : SA11C.6328

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Better Government Fund of McDermott, Inc.**

Mailing Address 757 N Eldridge Pkwy

City

Houston

State

TX

Zip Code

77079

FEC ID number of contributing  
federal political committee.

**C** C00136317

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6329

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**BRACEPAC**

Mailing Address 2000 K St NW Ste 500

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00021295

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6365

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Compass BancPac**

Mailing Address PO Box 10566

City

Birmingham

State

AL

Zip Code

35202

FEC ID number of contributing  
federal political committee.

**C** C00142596

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6330

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Farm Credit PAC**

Mailing Address 50 F St NW Ste 900

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 06    |   | 2013      |

**Transaction ID : SA11C.6331**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Fluor Public Affairs Committee**

Mailing Address 403 E Capitol St SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C** C00034132

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 31    |   | 2013      |

**Transaction ID : SA11C.6332**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**General Dynamics Corporation Political Contribution Plan**

Mailing Address 2941 Fairview Park Dr Ste 100

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 06    |   | 2013      |

**Transaction ID : SA11C.6333**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**General Electric**

**A.**

Mailing Address 1299 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 06 2013

**Transaction ID : SA11C.6334**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**L-3 Communications Corporation PAC**

**B.**

Mailing Address 600 3rd Ave

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

**C** C00338087

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11C.6335**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**National Emergency Medicine PAC (NEMPAC)**

**C.**

Mailing Address PO Box 619911

City

Dallas

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 31 2013

**Transaction ID : SA11C.6336**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NeurosurgeryPAC**

Mailing Address 5550 Meadowbrook Drive

City

Rolling Meadows

State

IL

Zip Code

60008

FEC ID number of contributing  
federal political committee.

C

C00413955

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

Transaction ID : SA11C.6337

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Newfield PAC**

Mailing Address 363 N Sam Houston Pkwy E Ste 100

City

Houston

State

TX

Zip Code

77060

FEC ID number of contributing  
federal political committee.

C

C00443523

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2013        |

Transaction ID : SA11C.6338

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**Oneok Employee's PAC**

Mailing Address 100 W 5th St

City

Tulsa

State

OK

Zip Code

74103

FEC ID number of contributing  
federal political committee.

C

C00215384

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2013        |

Transaction ID : SA11C.6339

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**OPHTHPAC American Academy of Ophthalmology PAC**

**A.**

Mailing Address 655 Beach St

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

**C** C70003785

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11C.6340**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**Owens-Illinois, Inc. PAC**

**B.**

Mailing Address 1 Michael Owens Way

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

**C** C00034330

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11C.6341**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**OXYPAC**

**C.**

Mailing Address 10889 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

**C** C00083857

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11C.6342**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Patton Boggs**

Mailing Address 2550 M St NW

Office Bldg

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

**C**

C00401083

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

Transaction ID : SA11C.6343

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Political Action Committee of the AAOS**

Mailing Address 317 Massachusetts Ave NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C**

C00110205

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 22    |   | 2013        |

Transaction ID : SA11C.6344

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**Political Action Committee of the AAOS**

Mailing Address 317 Massachusetts Ave NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C**

C00110205

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

Transaction ID : SA11C.6345

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

6000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Portland Cement Association, Inc.**

Mailing Address 500 New Jersey Ave NW Fl 7

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00237065

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6346

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Power PAC of Luminant Holding Company**

Mailing Address 601 Pennsylvania Ave NW Ste 850

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00255950

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : SA11C.6347

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Pricewaterhouse Coopers PAC**

Mailing Address 1301 K St NW Ste 800W

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00232173

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2013

Transaction ID : SA11C.6348

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Realtors PAC**

Mailing Address 430 N Michigan Ave

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C70002563

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 06 / 2013

**Transaction ID : SA11C.6349**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Realtors Political Action Committee (RPAC)**

Mailing Address 430 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 20 / 2013

**Transaction ID : SA11C.6350**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Society for Vascular Surg- PAC**

Mailing Address 633 N Saint Clair St Fl 24

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C00381459

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11C.6351**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 80

|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Southwestern Energy Co. PAC**

Mailing Address 2350 N Sam Houston Pkwy E Ste 125

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77032    |

FEC ID number of contributing federal political committee.

**C** C00190652

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 20    | / | 2013        |

Transaction ID : SA11C.6352

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**The US Oncology Network PAC**

Mailing Address 10101 Woodloch Forest Dr

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| The Woodlands | TX    | 77380    |

FEC ID number of contributing federal political committee.

**C** C00339655

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 06    | / | 2013        |

Transaction ID : SA11C.6353

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Union Pacific Corp. Fund For Effective Government**

Mailing Address 600 13th St NW Ste 340

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

FEC ID number of contributing federal political committee.

**C** C00010470

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 22    | / | 2013        |

Transaction ID : SA11C.6354

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 80

|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**United Airlines Inc. PAC**

**A.**

Mailing Address PO Box 66100

City

Chicago

State

IL

Zip Code

60666

FEC ID number of contributing  
federal political committee.

**C** C00078261

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11C.6355**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**United Parcel Service Inc. UPSPAC**

**B.**

Mailing Address 55 Glenlake Parkway NE

City

Atlanta

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11C.6356**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Verizon Communications Inc. Good Government Club**

**C.**

Mailing Address 1300 I St NW Ste 400

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00186288

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2013

**Transaction ID : SA11C.6357**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 80

|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**BILL FLORES FOR CONGRESS**

|                                                                                                                                               |             |                                                                                                                                                                                                         |                                                                                               |             |   |       |   |             |    |  |    |  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------|---|-------|---|-------------|----|--|----|--|------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WAL-PAC</b>                                                                           |             | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>17</td> <td></td> <td>2013</td> </tr> </table> |                                                                                               | M M M       | / | D D D | / | Y Y Y Y Y Y | 12 |  | 17 |  | 2013 |
| M M M                                                                                                                                         | /           | D D D                                                                                                                                                                                                   | /                                                                                             | Y Y Y Y Y Y |   |       |   |             |    |  |    |  |      |
| 12                                                                                                                                            |             | 17                                                                                                                                                                                                      |                                                                                               | 2013        |   |       |   |             |    |  |    |  |      |
| Mailing Address 702 SW 8th St                                                                                                                 |             | <b>Transaction ID : SA11C.6358</b>                                                                                                                                                                      |                                                                                               |             |   |       |   |             |    |  |    |  |      |
| City<br>Bentonville                                                                                                                           | State<br>AR | Zip Code<br>72712                                                                                                                                                                                       | Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00     |   |       |   |             |    |  |    |  |      |
| 1000.00                                                                                                                                       |             |                                                                                                                                                                                                         |                                                                                               |             |   |       |   |             |    |  |    |  |      |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00093054                                                              |             |                                                                                                                                                                                                         |                                                                                               |             |   |       |   |             |    |  |    |  |      |
| Name of Employer<br>Occupation                                                                                                                |             |                                                                                                                                                                                                         |                                                                                               |             |   |       |   |             |    |  |    |  |      |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Election Cycle-to-Date<br><table border="1"> <tr> <td>1000.00</td> </tr> </table>                                                                                                                       |                                                                                               | 1000.00     |   |       |   |             |    |  |    |  |      |
| 1000.00                                                                                                                                       |             |                                                                                                                                                                                                         |                                                                                               |             |   |       |   |             |    |  |    |  |      |

  

|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|---|-------|---|-------------|--|--|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)                                                                             |       | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                        | M M M       | / | D D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M M                                                                                                                         | /     | D D D                                                                                                                                                                                           | /                                                                                      | Y Y Y Y Y Y |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Mailing Address                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| City                                                                                                                          | State | Zip Code                                                                                                                                                                                        | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td> </tr> </table> |             |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                        |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Name of Employer<br>Occupation                                                                                                |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br><table border="1"> <tr> <td></td> </tr> </table>                                                                                                                      |                                                                                        |             |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |

  

|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|---|-------|---|-------------|--|--|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                             |       | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                        | M M M       | / | D D D | / | Y Y Y Y Y Y |  |  |  |  |  |
| M M M                                                                                                                         | /     | D D D                                                                                                                                                                                           | /                                                                                      | Y Y Y Y Y Y |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Mailing Address                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| City                                                                                                                          | State | Zip Code                                                                                                                                                                                        | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td> </tr> </table> |             |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                        |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Name of Employer<br>Occupation                                                                                                |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |       | Election Cycle-to-Date<br><table border="1"> <tr> <td></td> </tr> </table>                                                                                                                      |                                                                                        |             |   |       |   |             |  |  |  |  |  |
|                                                                                                                               |       |                                                                                                                                                                                                 |                                                                                        |             |   |       |   |             |  |  |  |  |  |

  

|                                                                 |  |                                                          |          |
|-----------------------------------------------------------------|--|----------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           |  | <table border="1"> <tr> <td>1000.00</td> </tr> </table>  | 1000.00  |
| 1000.00                                                         |  |                                                          |          |
| <b>TOTAL</b> This Period (last page this line number only)..... |  | <table border="1"> <tr> <td>61500.00</td> </tr> </table> | 61500.00 |
| 61500.00                                                        |  |                                                          |          |

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. 12th Man Foundation**

Mailing Address P.O. Box 2800

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| College Station | TX    | 77841    |

Purpose of Disbursement  
Fundraising expense - tickets (see transaction #SB17.6433)

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 200.00 |
|--------|

Transaction ID : SB17.6459

[MEMO ITEM]

**B. Aaron's Self Storage**

Mailing Address 501 Hewitt Drive

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Waco | TX    | 76712-6411 |

Purpose of Disbursement  
Storage rent (see transaction #SB17.6433)

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.6457

[MEMO ITEM]

**C. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 7.95 |
|------|

Transaction ID : SB17.6530

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 7.95 |
|------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Catering, meal expense, fuel, lodging, airfare, car rental, membership..(see  
memo items if itemized)

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 8929.48 |
|---------|

Transaction ID : SB17.6433

**B. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Membership fee (see transaction #SB17.6433)

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 450.00 |
|--------|

Transaction ID : SB17.6470

[MEMO ITEM]

**C. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 07  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 23.20 |
|-------|

Transaction ID : SB17.6531

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8952.68

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 31 / 2013      |

Amount of Each Disbursement this Period

|      |
|------|
| 7.95 |
|------|

Transaction ID : SB17.6532

**B. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Fuel, website, meal expenses, catering, rent, airfare (see below if itemized)

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 01 / 2013      |

Amount of Each Disbursement this Period

|         |
|---------|
| 6612.19 |
|---------|

Transaction ID : SB17.6471

**C. Upstream Communications**Mailing Address 1609 Shoal Creek Boulevard  
Suite 203

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78701-1022 |

Purpose of Disbursement  
Website Hosting, Email Broadcast Services, Social Media Services, Donation  
Capture Fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 01 / 2013      |

Amount of Each Disbursement this Period

|         |
|---------|
| 3120.31 |
|---------|

Transaction ID : SB17.6471.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6620.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address PO Box 7247-0244

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Philadelphia | PA    | 19170-0001 |

Purpose of Disbursement  
Express shipping

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 72.52 |
|-------|

Transaction ID : SB17.6471.2

[MEMO ITEM]

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20003-1801 |

Purpose of Disbursement  
Meal expenses

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 351.51 |
|--------|

Transaction ID : SB17.6471.3

[MEMO ITEM]

**C. Five Guys Burgers & Fries**

Mailing Address 1100 New Jersey SE Ave

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Meal expense

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 132.64 |
|--------|

Transaction ID : SB17.6471.7

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DNC Holdings, Inc.**

Mailing Address 3500 N. Causeway Blvd., Ste. 160

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Metairie | LA    | 70002    |

Purpose of Disbursement  
Domain name registration

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 215.00 |
|--------|

Transaction ID : SB17.6471.8

**[MEMO ITEM]****B. A. Litteri Inc.**

Mailing Address 517 Morse St. NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20002    |

Purpose of Disbursement  
Meal expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 23.95 |
|-------|

Transaction ID : SB17.6471.10

**[MEMO ITEM]****c. Capitol Host**

Mailing Address Rm B-339B Rayburn House Office Bld

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20515    |

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1662.38 |
|---------|

Transaction ID : SB17.6471.13

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Aaron's Self Storage**

Mailing Address 501 Hewitt Drive

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Waco | TX    | 76712-6411 |

Purpose of Disbursement  
Storage rent

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.6471.14

[MEMO ITEM]

**B. Brazos Moving and Storage**

Mailing Address 2704 Boonville Road

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Bryan | TX    | 77808-2228 |

Purpose of Disbursement  
Storage rent

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 179.95 |
|--------|

Transaction ID : SB17.6471.15

[MEMO ITEM]

**C. INTUIT**

Mailing Address 2632 Marine Way

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Mountain View | CA    | 94043-1126 |

Purpose of Disbursement  
Software subscription

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.81 |
|-------|

Transaction ID : SB17.6471.17

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address 2702 Love Field Dr.

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75235    |

Purpose of Disbursement  
Airfare

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 112.40 |
|--------|

Transaction ID : SB17.6471.19

[MEMO ITEM]

**B. Hertz Rent A Car**

Mailing Address 10997 Terminal Access Rd.

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Fort Meyers | FL    | 33913    |

Purpose of Disbursement  
Toll fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 24.39 |
|-------|

Transaction ID : SB17.6471.20

[MEMO ITEM]

**c. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 123.04 |
|--------|

Transaction ID : SB17.6547

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

123.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 650448

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75265-0448 |

Purpose of Disbursement  
Website, social media, meal expense, supplies, postage, storage rent... (see below if itemized)

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 5684.43 |
|---------|

Transaction ID : SB17.6504

**B. Upstream Communications**Mailing Address 1609 Shoal Creek Boulevard  
Suite 203

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78701-1022 |

Purpose of Disbursement  
Website Hosting, Email Broadcast Services, Social Media Services, Donation  
Capture Fees

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4065.87 |
|---------|

Transaction ID : SB17.6504.0

[MEMO ITEM]

**C. Omni Galleria Houston**

Mailing Address Four Riverway

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77056    |

Purpose of Disbursement  
Lodging, meal expense

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 393.98 |
|--------|

Transaction ID : SB17.6504.2

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5684.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 2121 E WM J Bryan Pkwy

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Bryan | TX    | 77801-9998 |

Purpose of Disbursement  
Post office box rental

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 216.00 |
|--------|

Transaction ID : SB17.6504.3

[MEMO ITEM]

**B. UPS**

Mailing Address PO Box 7247-0244

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Philadelphia | PA    | 19170-0001 |

Purpose of Disbursement  
Express shipping

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 31.50 |
|-------|

Transaction ID : SB17.6504.4

[MEMO ITEM]

**c. United States Postal Service**

Mailing Address 2121 E WM J Bryan Pkwy

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Bryan | TX    | 77801-9998 |

Purpose of Disbursement  
Stamps

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 46.00 |
|-------|

Transaction ID : SB17.6504.6

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 1st Street SE

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Washington | DC    | 20003-1801 |

Purpose of Disbursement  
Meal expenses

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 128.06 |
|--------|

Transaction ID : SB17.6504.7

[MEMO ITEM]

**B. American Airlines**

Mailing Address PO Box 619612

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Dfw Airport | TX    | 75261-9612 |

Purpose of Disbursement  
Airfare

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 161.90 |
|--------|

Transaction ID : SB17.6504.9

[MEMO ITEM]

**c. DNC Holdings, Inc.**

Mailing Address 3500 N. Causeway Blvd., Ste. 160

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Metairie | LA    | 70002    |

Purpose of Disbursement  
Domain name renewals

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.00 |
|-------|

Transaction ID : SB17.6504.10

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Aaron's Self Storage**

Mailing Address 501 Hewitt Drive

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Waco | TX    | 76712-6411 |

Purpose of Disbursement  
Storage rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.6504.11

**[MEMO ITEM]****B. Brazos Moving and Storage**

Mailing Address 2704 Boonville Road

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Bryan | TX    | 77808-2228 |

Purpose of Disbursement  
Storage rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 179.95 |
|--------|

Transaction ID : SB17.6504.12

**[MEMO ITEM]****C. INTUIT**

Mailing Address 2632 Marine Way

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Mountain View | CA    | 94043-1126 |

Purpose of Disbursement  
Software subscription

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.81 |
|-------|

Transaction ID : SB17.6504.13

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

|  |
|--|
|  |
|--|

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 80

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 650448

City State Zip Code  
 Dallas TX 75265-0448

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 12 31 2013

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.6591

## **B. AUTHORIZE.NET**

Mailing Address 1295 Charleston Road

City State Zip Code  
 Mountain View CA 94043-1307

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 10 02 2013

Amount of Each Disbursement this Period

25.45

Transaction ID : SB17.6592

## **C. AUTHORIZE.NET**

Mailing Address 1295 Charleston Road

City State Zip Code  
 Mountain View CA 94043-1307

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 04 2013

Amount of Each Disbursement this Period

25.65

Transaction ID : SB17.6593

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

59.05

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address 1295 Charleston Road

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 03  |   | 2013    |

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Mountain View | CA    | 94043-1307 |

Amount of Each Disbursement this Period

|       |
|-------|
| 25.15 |
|-------|

Purpose of Disbursement  
Credit card fees

Transaction ID : SB17.6594

Candidate Name

Category/  
Type

|                |           |                                                                                                               |
|----------------|-----------|---------------------------------------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                                                             |
|                | Senate    |                                                                                                               |
|                | President |                                                                                                               |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

Full Name (Last, First, Middle Initial)

**B. Bar Louie**

Mailing Address 123 W. 6th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78704    |

Amount of Each Disbursement this Period

|       |
|-------|
| 28.00 |
|-------|

Purpose of Disbursement  
Meal expense (see transaction #SB17.6433)

Transaction ID : SB17.6438

Candidate Name

Category/  
Type

|                |           |                                                                                                               |
|----------------|-----------|---------------------------------------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                                                             |
|                | Senate    |                                                                                                               |
|                | President |                                                                                                               |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**c. Big's 100**

Mailing Address 4301 Boonville Rd.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Bryan | TX    | 77802    |

Amount of Each Disbursement this Period

|       |
|-------|
| 89.75 |
|-------|

Purpose of Disbursement  
Fuel (see transaction #SB17.6433)

Transaction ID : SB17.6452

Candidate Name

Category/  
Type

|                |           |                                                                                                               |
|----------------|-----------|---------------------------------------------------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                                                             |
|                | Senate    |                                                                                                               |
|                | President |                                                                                                               |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|       |
|-------|
| 25.15 |
|-------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Brazos Lions Club Foundation**

Mailing Address 3708 East 29th Street PMB 217

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Bryan | TX    | 77802    |

Purpose of Disbursement  
Program expense - tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 350.00 |
|--------|

Transaction ID : SB17.6379

**B. Brazos Moving and Storage**

Mailing Address 2704 Boonville Road

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Bryan | TX    | 77808-2228 |

Purpose of Disbursement  
Storage rent (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 179.95 |
|--------|

Transaction ID : SB17.6456

[MEMO ITEM]

**C. Bryan/College Station Chamber of Commerce**

Mailing Address PO Box 3579

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Bryan | TX    | 77805    |

Purpose of Disbursement  
Program expense - tickets

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 440.00 |
|--------|

Transaction ID : SB17.6411

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|        |
|--------|
| 790.00 |
|--------|

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Bryan/College Station Chamber of Commerce**

Mailing Address PO Box 3579

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Bryan | TX    | 77805    |

Amount of Each Disbursement this Period

|       |
|-------|
| 60.00 |
|-------|

Purpose of Disbursement  
Membership registration fees

Transaction ID : SB17.6417

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Cash Corner**

Mailing Address 2000 S. IH 35

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78704    |

Amount of Each Disbursement this Period

|       |
|-------|
| 41.95 |
|-------|

Purpose of Disbursement  
Fuel (see transaction #SB17.6433)

Transaction ID : SB17.6466

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 01  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|       |
|-------|
| 98.71 |
|-------|

Purpose of Disbursement  
Credit card fees

Transaction ID : SB17.6595

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

158.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 51.90 |
|-------|

Transaction ID : SB17.6596

**B. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 1.01 |
|------|

Transaction ID : SB17.6597

**C. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 3.20 |
|------|

Transaction ID : SB17.6598

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|       |
|-------|
| 56.11 |
|-------|

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 80

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. E-Onlinedata**

Mailing Address 280 Fore Street

City State Zip Code  
 Portland ME 04101-4177

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 10 07 2013

Amount of Each Disbursement this Period

39.20

Transaction ID : SB17.6599

Category/  
Type

## **B. E-Onlinedata**

Mailing Address 280 Fore Street

City State Zip Code  
 Portland ME 04101-4177

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 10 08 2013

Amount of Each Disbursement this Period

17.05

Transaction ID : SB17.6600

Category/  
Type

## **c. E-Onlinedata**

Mailing Address 280 Fore Street

City State Zip Code  
 Portland ME 04101-4177

Purpose of Disbursement  
 Credit card fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 10 10 2013

Amount of Each Disbursement this Period

0.56

Transaction ID : SB17.6601

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

56.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 11  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 0.56 |
|------|

Transaction ID : SB17.6602

**B. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 15  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 3.92 |
|------|

Transaction ID : SB17.6603

**C. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 18  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 3.77 |
|------|

Transaction ID : SB17.6604

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 8.25 |
|------|

|  |
|--|
|  |
|--|

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 80

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. E-Onlinedata**

Mailing Address 280 Fore Street

City Portland State ME Zip Code 04101-4177

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 21 / 2013

Amount of Each Disbursement this Period

19.60

Transaction ID : SB17.6605

## **B. E-Onlinedata**

Mailing Address 280 Fore Street

City Portland State ME Zip Code 04101-4177

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 22 / 2013

Amount of Each Disbursement this Period

19.60

Transaction ID : SB17.6606

## **c. E-Onlinedata**

Mailing Address 280 Fore Street

City Portland State ME Zip Code 04101-4177

Purpose of Disbursement  
Credit card fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 29 / 2013

Amount of Each Disbursement this Period

55.86

Transaction ID : SB17.6607

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

95.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E-Onlinedata**

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 04 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 36.65 |
|-------|

Transaction ID : SB17.6608

**B. E-Onlinedata**

Full Name (Last, First, Middle Initial)

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 05 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 19.60 |
|-------|

Transaction ID : SB17.6609

**C. E-Onlinedata**

Full Name (Last, First, Middle Initial)

Mailing Address 280 Fore Street

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Purpose of Disbursement  
Credit card fees

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                   |                                          |                                  |
|-------------------|------------------------------------------|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 11 / 19 / 2013      |

Amount of Each Disbursement this Period

|      |
|------|
| 1.11 |
|------|

Transaction ID : SB17.6610

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|       |
|-------|
| 57.36 |
|-------|

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 27  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|       |
|-------|
| 16.86 |
|-------|

Purpose of Disbursement  
Credit card feesCategory/  
Type

Transaction ID : SB17.6611

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                          |

State: District:

Full Name (Last, First, Middle Initial)

**B. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 03  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|       |
|-------|
| 28.96 |
|-------|

Purpose of Disbursement  
Credit card feesCategory/  
Type

Transaction ID : SB17.6612

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                          |

State: District:

Full Name (Last, First, Middle Initial)

**C. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 20  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|       |
|-------|
| 44.40 |
|-------|

Purpose of Disbursement  
Credit card feesCategory/  
Type

Transaction ID : SB17.6614

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                          |

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 27  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|       |
|-------|
| 16.86 |
|-------|

Purpose of Disbursement  
Credit card feesCategory/  
Type

Transaction ID : SB17.6615

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. E-Onlinedata**

Mailing Address 280 Fore Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 31  |   | 2013    |

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Portland | ME    | 04101-4177 |

Amount of Each Disbursement this Period

|        |
|--------|
| 101.92 |
|--------|

Purpose of Disbursement  
Credit card feesCategory/  
Type

Transaction ID : SB17.6616

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. FedEx Corporation**

Mailing Address 942 S Shady Grove Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Memphis | TN    | 38119    |

Amount of Each Disbursement this Period

|       |
|-------|
| 31.78 |
|-------|

Purpose of Disbursement  
Express shipping (see transaction #SB17.6433)Category/  
Type

Transaction ID : SB17.6469

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

118.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. George's**

Mailing Address 1925 Speight

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Waco | TX    | 76706    |

Amount of Each Disbursement this Period

|        |
|--------|
| 212.83 |
|--------|

Purpose of Disbursement  
Meal expense (see transaction #SB17.6433)Category/  
Type

Transaction ID : SB17.6455

**[MEMO ITEM]**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75201-2104 |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
Legal and compliance servicesCategory/  
Type

Transaction ID : SB17.6385

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Gober Hilgers PLLC**Mailing Address 2101 Cedar Springs Road  
Suite 1050

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2013    |

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75201-2104 |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
Legal and compliance servicesCategory/  
Type

Transaction ID : SB17.6395

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hawthorn Suites**

Mailing Address 1010 University Dr. E

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| College Station | TX    | 77840    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1314.92 |
|---------|

Purpose of Disbursement  
Lodging (see transaction #SB17.6433)Category/  
Type

Transaction ID : SB17.6461

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Hertz Rent A Car**

Mailing Address 10997 Terminal Access Rd.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Fort Meyers | FL    | 33913    |

Amount of Each Disbursement this Period

|        |
|--------|
| 586.96 |
|--------|

Purpose of Disbursement  
Car rental (see transaction #SB17.6433)Category/  
Type

Transaction ID : SB17.6465

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2632 Marine Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Mountain View | CA    | 94043-1126 |

Amount of Each Disbursement this Period

|       |
|-------|
| 29.81 |
|-------|

Purpose of Disbursement  
Software subscription (see transaction #SB17.6433)Category/  
Type

Transaction ID : SB17.6458

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|      |
|------|
| 0.00 |
|------|

|  |
|--|
|  |
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. J2 Global Phone People**

Mailing Address 6922 Hollywood Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 02  |   | 2013    |

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Hollywood | CA    | 90028-6117 |

Purpose of Disbursement  
Telephone Service

Amount of Each Disbursement this Period

|       |
|-------|
| 50.93 |
|-------|

Transaction ID : SB17.6522

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2014

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. J2 Global Phone People**

Mailing Address 6922 Hollywood Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Hollywood | CA    | 90028-6117 |

Purpose of Disbursement  
Telephone Service

Amount of Each Disbursement this Period

|       |
|-------|
| 50.93 |
|-------|

Transaction ID : SB17.6525

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2014

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)    |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Jason's Deli**

Mailing Address 1460 S. Texas Ave. #5

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| College Station | TX    | 77840    |

Purpose of Disbursement  
Meal expense (see transaction #SB17.6433)

Amount of Each Disbursement this Period

|        |
|--------|
| 216.78 |
|--------|

Transaction ID : SB17.6447

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State:

District:

[MEMO ITEM]

|        |
|--------|
| 101.86 |
|--------|

|  |
|--|
|  |
|--|

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 80

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Lilly & Company**

Mailing Address 1005 Congress Avenue  
Suite 910

City Austin State TX Zip Code 78701-2467

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 04 / 2013

Amount of Each Disbursement this Period

7329.85

Transaction ID : SB17.6386

## **B. Lilly & Company**

Mailing Address 1005 Congress Avenue  
Suite 910

City Austin State TX Zip Code 78701-2467

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 08 / 2013

Amount of Each Disbursement this Period

4982.54

Transaction ID : SB17.6410

## **c. Lilly & Company**

Mailing Address 1005 Congress Avenue  
Suite 910

City Austin State TX Zip Code 78701-2467

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2013

Amount of Each Disbursement this Period

2285.80

Transaction ID : SB17.6418

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

14598.19

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Luke's Bartending Service**

Mailing Address Redmond Terrace

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| College Station | TX    | 77840    |

Purpose of Disbursement  
Catering services (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 563.09 |
|--------|

Transaction ID : SB17.6437

**[MEMO ITEM]****B. Marathon Strategic Communications**

Mailing Address 3771 Vinecrest Dr.

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75229    |

Purpose of Disbursement  
Consultant-Communications

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Transaction ID : SB17.6390

**c. Marathon Strategic Communications**

Mailing Address 3771 Vinecrest Dr.

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75229    |

Purpose of Disbursement  
Consultant-Communications

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 01  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Transaction ID : SB17.6404

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Marathon Strategic Communications**

Mailing Address 3771 Vinecrest Dr.

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Dallas | TX    | 75229    |

Purpose of Disbursement  
Consultant-Communications

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Transaction ID : SB17.6413

**B. Omni Galleria Houston**

Mailing Address Four Riverway

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Houston | TX    | 77056    |

Purpose of Disbursement  
Lodging, meal expense (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 361.08 |
|--------|

Transaction ID : SB17.6449

[MEMO ITEM]

**c. Omni Homestead**

Mailing Address 1766 Homestead Dr.

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Hot Springs | VA    | 24445    |

Purpose of Disbursement  
Meal (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|      |
|------|
| 7.90 |
|------|

Transaction ID : SB17.6445

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Reid Political Consulting, LLC**

Mailing Address 3502 Halcyon Dr.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Alexandria | VA    | 22305    |

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|          |
|----------|
| 17584.70 |
|----------|

Transaction ID : SB17.6393

**B. Reid Political Consulting, LLC**

Mailing Address 3502 Halcyon Dr.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Alexandria | VA    | 22305    |

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|          |
|----------|
| 14619.05 |
|----------|

Transaction ID : SB17.6412

**C. Reid Political Consulting, LLC**

Mailing Address 3502 Halcyon Dr.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Alexandria | VA    | 22305    |

Purpose of Disbursement  
Consulting - fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 9289.28 |
|---------|

Transaction ID : SB17.6420

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

41493.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Republican Party of Texas**

Mailing Address 1108 Lavaca, Ste 500

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78701    |

Purpose of Disbursement  
Candidate filing fee

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3125.00 |
|---------|

Transaction ID : SB17.6405

**B. Republican Women of the Brazos Valley**

Mailing Address 1640 Briarcrest #122

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Bryan | TX    | 77802    |

Purpose of Disbursement  
Membership renewal

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 60.00 |
|-------|

Transaction ID : SB17.6408

**c. RingCentral**

Mailing Address 1400 Fashion Island Blvd.

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| San Mateo | CA    | 94404    |

Purpose of Disbursement  
Fax subscription (see transaction #SB17.6433)

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.71 |
|-------|

Transaction ID : SB17.6464

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3185.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Shell**

Mailing Address 3275 S. Main St.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Harrisburg | VA    | 22801    |

Purpose of Disbursement  
Fuel (see transaction #SB17.6433)

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 04 / 2013      |

Amount of Each Disbursement this Period

|       |
|-------|
| 41.30 |
|-------|

Transaction ID : SB17.6443

[MEMO ITEM]

**B. Susan Gage Caterers**

Mailing Address 7411 Livingston Rd.

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Oxon Hill | MD    | 20745    |

Purpose of Disbursement  
Catering service

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 07 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 176.00 |
|--------|

Transaction ID : SB17.6392

**C. Texas Mutual Insurance**

Mailing Address 6210 E. Highway 290

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Austin | TX    | 78723-1098 |

Purpose of Disbursement  
Insurance

Candidate Name

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

Disbursement For:

|                                          |                                  |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                  |

State: District:

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 09 / 2013      |

Amount of Each Disbursement this Period

|        |
|--------|
| 339.00 |
|--------|

Transaction ID : SB17.6396

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

515.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. The Congressional Club**

Mailing Address 2001 New Hampshire Ave NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20009    |

Purpose of Disbursement  
Membership renewal

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 150.00 |
|--------|

Transaction ID : SB17.6407

**B. United Airlines**

Mailing Address PO Box 66100

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60666-0100 |

Purpose of Disbursement  
Airfare (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|        |
|--------|
| 662.80 |
|--------|

Transaction ID : SB17.6454

[MEMO ITEM]

**C. UPS**

Mailing Address PO Box 7247-0244

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Philadelphia | PA    | 19170-0001 |

Purpose of Disbursement  
Express shipping (see transaction #SB17.6433)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 47.04 |
|-------|

Transaction ID : SB17.6451

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

|        |
|--------|
| 150.00 |
|--------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 80

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Upstream Communications**Mailing Address 1609 Shoal Creek Boulevard  
Suite 203

City Austin State TX Zip Code 78701-1022

Purpose of Disbursement  
Website, Email Broadcast, Social Media, Donation Capture Fees (see  
Transaction #SB17.6422)  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3702.83 |
|---------|

Transaction ID : SB17.6441

[MEMO ITEM]

**B. VERIZON WIRELESS**

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Internet service

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 95.55 |
|-------|

Transaction ID : SB17.6398

**C. VERIZON WIRELESS**

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Internet service

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 08  |   | 2013    |

Amount of Each Disbursement this Period

|       |
|-------|
| 95.55 |
|-------|

Transaction ID : SB17.6409

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

191.10



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 80

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input checked="" type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c            | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES**

Mailing Address PO BOX 6207

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| BRYAN | TX    | 77805    |

Purpose of Disbursement  
Loan payment

Candidate Name

|                |                                           |
|----------------|-------------------------------------------|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

State: TX District: 17

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                                     |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 02  |   | 2013    |

Amount of Each Disbursement this Period

|           |
|-----------|
| 250000.00 |
|-----------|

Transaction ID : SB19A.6377

**B.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                          |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify)                          |

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250000.00

250000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 80

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mr. James W. Carroll**

Mailing Address 20701 State Highway 6 S

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Navasota | TX    | 77868    |

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Transaction ID : SB20A.6387

**B. Mr. James W. Carroll**

Mailing Address 20701 State Highway 6 S

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Navasota | TX    | 77868    |

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Transaction ID : SB20A.6388

**C. Mr. Louis T. Getterman Jr.**

Mailing Address 5 Hillandale Rd

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Waco | TX    | 76710    |

Purpose of Disbursement  
Refund of excessive contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 11  |   | 2013    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Transaction ID : SB20A.6400

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7800.00



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 80

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City State Zip Code  
 RIDGEFIELD WA 98642

Purpose of Disbursement  
 Campaign contribution

Candidate Name

**JAIME HERRERA BEUTLER**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: WA District: 03

Date of Disbursement

M M / D D / Y Y Y Y  
 12 / 02 / 2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.6414

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 71 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4512

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

BILL FLORES

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

250000.00

Cumulative Payment To Date

57050.00

Balance Outstanding at Close of This Period

192950.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2009

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

192950.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 72 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4514

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

BILL FLORES

☐ Primary☐ General☒ Other (specify) ▼

Runoff

Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

50000.00

Cumulative Payment To Date

38500.00

Balance Outstanding at Close of This Period

11500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 09 / 2010

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

11500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 73 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4516

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

BILL FLORES

☐ Primary☐ General☒ Other (specify) ▼Mailing Address  
PO BOX 6207

Runoff

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

M / M / Y  
04 / 12 / 2010

Date Due

M / M / Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

75000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 74 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4517

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

BILL FLORES

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

80000.00

Cumulative Payment To Date

66450.00

Balance Outstanding at Close of This Period

13550.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 30 / 2010

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

13550.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 75 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4519

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

BILL FLORES

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

225000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

195000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 01 / 2010

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

195000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4519

(Current loan amount of 30000.00 from a balance of 225000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 77 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4335

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

BILL FLORES

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 31 / 2010

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 78 OF 80

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5839

BILL FLORES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BILL FLORES

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 6207

City

State

ZIP Code

BRYAN

TX

77805

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

250000.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
09 / 27 / 2013M M / D D / Y Y Y Y  
/ / NoneM M / D D / Y Y Y Y  
/ / NoneM M / D D / Y Y Y Y  
/ / None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

538000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 79 OF 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Express**

Nature of Debt (Purpose):

Airfare, Express Shipping, Storage, Fuel,  
Lodging, Event Tickets, Meals, Website  
Hosting

Mailing Address PO Box 650448

City State

Zip Code

Dallas

TX

75265-0448

Outstanding Balance Beginning This Period

8929.48

Transaction ID : SD10.5822

Amount Incurred This Period

0.00

Payment This Period

8929.48

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gober Hilgers PLLC**

Nature of Debt (Purpose):

Legal and Accounting Fees

Mailing Address 2101 Cedar Springs Road  
Suite 1050

City State

Zip Code

Dallas

TX

75201-2104

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.5821

Amount Incurred This Period

4000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lilly & Company**

Nature of Debt (Purpose):

Consulting - Fundraising

Mailing Address 1005 Congress Avenue  
Suite 910

City State

Zip Code

Austin

TX

78701-2467

Outstanding Balance Beginning This Period

7329.85

Transaction ID : SD10.5819

Amount Incurred This Period

8420.37

Payment This Period

7329.85

Outstanding Balance at Close of This Period

8420.37

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

12420.37

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 80 OF 80

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**BILL FLORES FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Partida & Associates**

Nature of Debt (Purpose):

Direct mail services

Mailing Address 3222 Aspen Lake Drive

City State

Zip Code

Manvel

TX

77578

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6427

Amount Incurred This Period

3294.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3294.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

3294.00

2) **TOTALS** This Period (last page this line number only) ..... ►

15714.37

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

538000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

553714.37