FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz	zed Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Hinojosa-Flores for C	ongress			
ADDRESS (number and street)	PO Box 1311			
Check if different than previously reported. (ACC)	Coppell		TX 75019	9
2. FEC IDENTIFICATION I	NUMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00515940		S THIS X NEW (N) OR	AMENDED (A)	TX 06
4. TYPE OF REPORT (C (a) Quarterly Reports: April 15 Quarterly	(b) 12	2-Day PRE -Election Report for the Primary (12P)	e: General (12G)	Runoff (12R)
July 15 Quarterly		Convention (12C)	Special (12S)	
X October 15 Quar	terly Report (Q3)	Election on	/ Y Y Y Y	in the State of
January 31 Year-	End Report (YE) (c) 30	D-Day POST-Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo	` '	Election on	/ Y " Y " Y " Y	in the State of
5. Covering Period	07 01 / Y Y Y 20	12 through 0	9 / D D / Y	y y y y 2012
I certify that I have examined Type or Print Name of Treasur		st of my knowledge and belief it is	s true, correct and con	nplete.
Signature of Treasurer La	wrence R. Youst	[Electronically Filed]	Date 10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	oneous, or incomplete inform	nation may subject the person signin	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Hinojosa-Flores for Congress

07 09 30 2012 01 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 600.00 13950.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 600.00 13950.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 1269.21 8855.18 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1269.21 8855.18 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1794.02 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 2350.00 Schedule C and/or Schedule D).....

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

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Write or Type Committee Name

Hinojosa-Flores for Congress

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. CO	ONTRIBUTIONS (other than loans) FROM:			
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	500.00	13250.00	
	(ii) Unitemized(iii) TOTAL of contributions	100.00	700.00	
	from individuals	600.00	13950.00	
(b)		0.00	0.00	
(0)	(such as PACs)	0.00	0.00	
(d) (e)	TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	600.00	13950.00	
	RANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00	
	DANS:			
(a)	Made or Guaranteed by the Candidate	0.00	1250.00	
(b)		0.00	0.00	
(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	1250.00	
	FFSETS TO OPERATING (PENDITURES			
(R	efunds, Rebates, etc.)	0.00	0.00	
	THER RECEIPTS ividends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	600.00	15200.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 1269.21 8855.18 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 1269.21 8855.18 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 2463.23 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 600.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 3063.23 25. SUBTOTAL (add Line 23 and Line 24)..... 1269.21 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 1794.02 (subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 5 OF Use separate schedule(s) (check only one) 11a 11b 11c 12 13a 13b

for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hinojosa-Flores for Congress Full Name (Last, First, Middle Initial) Ruben DeLeon Date of Receipt Mailing Address 2500 Dallas Parkway 80 2012 10 Suite 260 City State Zip Code Transaction ID: SA11AI.4457 TX 75093 Plano FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Contibution DeLeon Law Group PC Attorney Receipt For: 2012 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBEF	₹:		PAGE	6	OF	9
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	×	17		18		19a] 19k
Detailed Suffillary Fage		20a		20b		20c		21
y not be sold or used by any person for the purpose of soliciting contributions								

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	by information copied from such Reports and Statements may not be sold or used by any profor commercial purposes, other than using the name and address of any political committee							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
/	Hinojosa-Flores for Congress							
	Full Name (Last, First, Middle Initial)							
۹.	The Tovar Agency	Date of Disbursement						
	Mailing Address 3901 Arlington Highlands Ste 200	09 06 2012						
	City State Zip Code	Amount of Each Disbursement this Period						
	Arlington TX 76018 Purpose of Disbursement	1000.00						
	Campaign Management Fee 001	Transaction ID : SB17.4451						
	Candidate Name Category/ Type							
	Office Sought: House Senate President Disbursement For: 2012 Primary Other (specify)							
	State: District: Full Name (Last, First, Middle Initial)							
3.		Date of Disbursement						
	Mailing Address	M M / D D / Y Y Y Y						
	City State Zip Code	Amount of Each Disbursement this Period						
	Purpose of Disbursement							
	Candidate Name Category/ Type							
	Office Sought: House Disbursement For: Senate Primary Other (specify) Other (specify)							
	State: District:							
	Full Name (Last, First, Middle Initial)	Date of Disbursement						
J.		M M / D D / Y Y Y						
	Mailing Address							
	City State Zip Code	Amount of Each Disbursement this Period						
	Purpose of Disbursement							
	Candidate Name Category/ Type							
	Office Sought: House							
s	SUBTOTAL of Disbursements This Page (optional)							
_	OTAL This David And and this Property 12	1000.00						
T	OTAL This Period (last page this line number only)							

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

OANS		for each category of the Detailed Summary Pag	
IAME OF COMMITTEE (In Fu	•	Transac	ction ID : SC/10.4184
•			
Brianna L. Hinojosa	ne (Last, First, Middle Initial) n-Flores	[PERSONAL FUNDS]	Election: 2012 Primary General
Mailing Address 959 Village Parkway			Other (specify)
City	State ZI	P Code	
Coppell	TX 7:	5019	
Original Amount of Loan	Cumulative Payme		ance Outstanding at Close of This Period
	1000.00	0.00	1000.00
TERMS Date Incurr M 12 / 13 / 13	ed Date	Due Interest Rate	% (apr)
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, I	Viiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period Thi	s Page (optional)	······	1000.00
FOTALS This Period (last page	ge in this line only)	· · ·	, , , , , ,
Carry outstanding balance o	nly to LINE 3, Schedule D, for this lir	ne. If no Schedule D, carry forv	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13b

DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full) Inojosa-Flores for Congre	ee.		Transa	ction ID : SC/10.4146
LOAN SOURCE Full Name (Last,		Initial)	[PERSONAL FUNDS]	Election: 2012
Brianna L. Hinojosa-Flore	S			Primary General
Mailing Address 959 Village Parkway				Other (specify)
City	Sta	ate ZIP Co	ode	
Coppell		TX 75019		
Original Amount of Loan	0.00	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
TERMS Date Incurred		Date Due	Interest Rat	re Secured:
M ₁₂ M / D ₂₇ D / Y Ž011	Y	M / D D / Y	3/31/13	0 % (apr) Yes No
List All Endorsers or Guarantors	(if any) to L	oan Source		100 110
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle II	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle II	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle II	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State 2	ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page	(optional)		·····	100.00
OTALS This Period (last page in thi	s line only)		·····	, ,
Carry outstanding balance only to L	NE 3, Schedu	ule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

DANS			for each category of t Detailed Summary Pa	
AME OF COMMITTEE (In Ful Hinojosa-Flores for Co	•		Transa	ction ID : SC/10.4185
LOAN SOURCE Full Nam Brianna L. Hinojosa	•	ddle Initial)	[PERSONAL FUNDS]	Election: 2010 Primary General
Mailing Address 959 Village Parkway				Other (specify)
City		State Z	IP Code	
Coppell		TX	75019	
Original Amount of Loan	1250.00	Cumulative Paym	ent To Date Bala	ance Outstanding at Close of This Period
TERMS Date Incurre	d Ž01Ž	Dat	e Due Interest Rat	
List All Endorsers or Gua	, ,,	o Loan Source		
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , ,
2. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This	Page (optional).			1250.00
OTALS This Period (last pag	e in this line only	/)		2350.00
	nly to LINE 3, Sch	nedule D, for this li	ne. If no Schedule D, carry for	ward to appropriate line of Summary.