

# 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 03 / 04 / 2014 in the State of TX

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

- General (30G)  Runoff (30R)  Special (30S)

Election on / / 2014 in the State of

5. Covering Period

01 / 01 / 2014 through 02 / 12 / 2014

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

02 / 20 / 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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**BILL FLORES FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11580.00	699470.73
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	11400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11580.00	688070.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	34593.68	348646.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1276.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	34593.68	347370.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	372627.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	345429.77	

**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)

Write or Type Committee Name

**BILL FLORES FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	930.00	379440.00
(ii) Unitemized.....	150.00	15454.00
(iii) TOTAL of contributions from individuals ▶	1080.00	394894.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10500.00	304500.00
(d) The Candidate.....	0.00	76.73
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11580.00	699470.73
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11580.00	954736.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34593.68	348646.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	200000.00	450000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	200000.00	450000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	11400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11400.00
21. OTHER DISBURSEMENTS .....	8300.00	27800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	242893.68	837846.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	603940.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11580.00
25. SUBTOTAL (add Line 23 and Line 24).....	615520.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	242893.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	372627.03

**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 5 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** 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 **3440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 25 / 2014**

**Transaction ID : SA11AI.6753**

Amount of Each Receipt this Period  
**430.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Lisette M. Mondello**

Mailing Address **2707 Grove Street South**

City **Arlington** State **VA** Zip Code **22202-2423**

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

Name of Employer **The Mondello Group LLC** Occupation **Principal**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11AI.6757**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**930.00**

**930.00**

**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 6 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**AFLAC PAC**

Mailing Address **WORLDWIDE HEADQUARTERS**  
**1932 WYNNNTON ROAD**

City **COLUMBUS** State **GA** Zip Code **31999**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11C.6766**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B. Full Name (Last, First, Middle Initial)**  
**AICPA PAC**

Mailing Address **220 Leigh Farm Rd**

City **Durham** State **NC** Zip Code **27707**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11C.6769**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

**C. Full Name (Last, First, Middle Initial)**  
**Committee for Advancement of Cotton**

Mailing Address **PO Box 2995**

City **Cordova** State **TN** Zip Code **38088**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA11C.6763**

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 7 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC**

Mailing Address 1101 King St Ste 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11C.6764**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Mailing Address 20 F STREET, NW  
SUITE 310 C

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00325936**

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  
 02 / 12 / 2014

**Transaction ID : SA11C.6762**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc. UPSPAC**

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  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11C.6768**

Amount of Each Receipt this Period  
500.00

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

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

4500.00

**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 8 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc. UPSPAC**

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 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11C.6770**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000.00

10500.00

**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 9 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 6673.33 <b>Transaction ID : SB17.6642</b>
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Meal expenses, telephone service, storage, software, airfare, website (see below if itemized)	Category/ Type
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>B. Sam's On the Square</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 4th & Austin Ave		Amount of Each Disbursement this Period 493.75 <b>Transaction ID : SB17.6642.0</b> <b>[MEMO ITEM]</b>
City Waco	State TX	
Zip Code 76701	Purpose of Disbursement Meal expenses	Category/ Type
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>c. J2 Global Phone People</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 6922 Hollywood Boulevard		Amount of Each Disbursement this Period 29.95 <b>Transaction ID : SB17.6642.1</b> <b>[MEMO ITEM]</b>
City Hollywood	State CA	
Zip Code 90028-6117	Purpose of Disbursement Telephone service	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6673.33
<b>TOTAL</b> 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 10 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Aaron's Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 501 Hewitt Drive		Amount of Each Disbursement this Period 150.00
City Waco	State TX	
Zip Code 76712-6411	Purpose of Disbursement Storage rent	Transaction ID : SB17.6642.2
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brazos Moving and Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2704 Boonville Road		Amount of Each Disbursement this Period 179.95
City Bryan	State TX	
Zip Code 77808-2228	Purpose of Disbursement Storage rent	Transaction ID : SB17.6642.3
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VONAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 29.15
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephone service	Transaction ID : SB17.6642.4
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 11 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Trattoria Alberto of Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 506 8th St. SE		Amount of Each Disbursement this Period 2289.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering	Transaction ID : SB17.6642.5
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 29.81
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Software subscription	Transaction ID : SB17.6642.7
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 672.60
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Airfare	Transaction ID : SB17.6642.10
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 12 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Upstream Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1609 Shoal Creek Boulevard Suite 203		Amount of Each Disbursement this Period 2231.30
City Austin State TX Zip Code 78701-1022	Purpose of Disbursement Website Hosting, Email Broadcast Services, Social Media Services, Donation Capture Fees	
Candidate Name	Category/Type	Transaction ID : SB17.6642.12 <b>[MEMO ITEM]</b>
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>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 400 1st St. SE		Amount of Each Disbursement this Period 145.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Meal expense	
Candidate Name	Category/Type	Transaction ID : SB17.6642.13 <b>[MEMO ITEM]</b>
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>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 1966.14
City Dallas State TX Zip Code 75265-0448	Purpose of Disbursement Shipping, office supplies, storage, software, travel, donor mementos (see below if itemized)	
Candidate Name	Category/Type	Transaction ID : SB17.6717
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1966.14
<b>TOTAL</b> 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 13 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 619612		Amount of Each Disbursement this Period -69.00
City Dfw Airport	State TX	
Zip Code 75261-9612	Category/ Type	<b>Transaction ID : SB17.6717.0</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Fee reversal		
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>B. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 7247-0244		Amount of Each Disbursement this Period 93.25
City Philadelphia	State PA	
Zip Code 19170-0001	Category/ Type	<b>Transaction ID : SB17.6717.1</b> <b>[MEMO ITEM]</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 735.30
City Chicago	State IL	
Zip Code 60666-0100	Category/ Type	<b>Transaction ID : SB17.6717.2</b> <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 14 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. J2 Global Phone People</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 6922 Hollywood Boulevard		Amount of Each Disbursement this Period 29.95
City Hollywood	State CA Zip Code 90028-6117	
Purpose of Disbursement Telephone service	Candidate Name	Transaction ID : SB17.6717.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Aaron's Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 501 Hewitt Drive		Amount of Each Disbursement this Period 150.00
City Waco	State TX Zip Code 76712-6411	
Purpose of Disbursement Storage rent	Candidate Name	Transaction ID : SB17.6717.6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Brazos Moving and Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 2704 Boonville Road		Amount of Each Disbursement this Period 179.95
City Bryan	State TX Zip Code 77808-2228	
Purpose of Disbursement Storage rent	Candidate Name	Transaction ID : SB17.6717.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 15 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. VONAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 40.08
City Holmdel	State NJ	
Zip Code 07733-2136	Purpose of Disbursement Telephone service	Transaction ID : SB17.6717.8 <b>[MEMO ITEM]</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 29.81
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Software subscription	Transaction ID : SB17.6717.9 <b>[MEMO ITEM]</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Michaels</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 1505 E. University Dr.		Amount of Each Disbursement this Period 466.24
City College Station	State TX	
Zip Code 77840	Purpose of Disbursement Pictures/framing for donor mementos	Transaction ID : SB17.6717.11 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 16 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express AMEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.60 <b>Transaction ID : SB17.6743</b>
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit card fee	Category/ Type
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>B. American Express AMEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.6740</b>
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement	Category/ Type
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>C. American Express AMEX</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.60 <b>Transaction ID : SB17.6738</b>
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Credit card fee	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.15
<b>TOTAL</b> 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 17 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1295 Charleston Road		Amount of Each Disbursement this Period 25.25
City Mountain View	State CA	
Zip Code 94043-1307	Purpose of Disbursement Credit card fee	Transaction ID : SB17.6745
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:		

Full Name (Last, First, Middle Initial) <b>B. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1295 Charleston Road		Amount of Each Disbursement this Period 25.25
City Mountain View	State CA	
Zip Code 94043-1307	Purpose of Disbursement Credit card fee	Transaction ID : SB17.6737
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:		

Full Name (Last, First, Middle Initial) <b>c. Brazos County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1640 Briarcrest Dr., Ste. 122		Amount of Each Disbursement this Period 1000.00
City Bryan	State TX	
Zip Code 77802	Purpose of Disbursement Event sponsorship	Transaction ID : SB17.6695
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.50
<b>TOTAL</b> 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 18 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Coalition for Life</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 4012 East 29th St.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6747</b>
City Bryan	State TX	
Zip Code 77802	Purpose of Disbursement Event tickets	Category/ Type
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>B. E-Onlinedata</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 280 Fore Street		Amount of Each Disbursement this Period 0.66 <b>Transaction ID : SB17.6746</b>
City Portland	State ME	
Zip Code 04101-4177	Purpose of Disbursement Credit card fee	Category/ Type
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>c. E-Onlinedata</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 280 Fore Street		Amount of Each Disbursement this Period 299.53 <b>Transaction ID : SB17.6744</b>
City Portland	State ME	
Zip Code 04101-4177	Purpose of Disbursement Credit card fee	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.19
<b>TOTAL</b> 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 19 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 fee

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  
01 / 28 / 2014

Amount of Each Disbursement this Period  
16.86

Transaction ID : SB17.6741

Full Name (Last, First, Middle Initial)  
**B. E-Onlinedata**

Mailing Address 280 Fore Street

City Portland State ME Zip Code 04101-4177

Purpose of Disbursement  
Credit card fee

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  
02 / 04 / 2014

Amount of Each Disbursement this Period  
48.25

Transaction ID : SB17.6739

Full Name (Last, First, Middle Initial)  
**c. Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs Road  
Suite 1050

City Dallas State TX Zip Code 75201-2104

Purpose of Disbursement  
Legal and compliance services

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  
01 / 02 / 2014

Amount of Each Disbursement this Period  
4000.00

Transaction ID : SB17.6670

**SUBTOTAL** of Disbursements This Page (optional)..... 4065.11

**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 20 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 2101 Cedar Springs Road Suite 1050		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.6702</b>
City Dallas State TX Zip Code 75201-2104	Purpose of Disbursement Legal and compliance services	
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:		

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 4307.37 <b>Transaction ID : SB17.6672</b>
City Austin State TX Zip Code 78701-2467	Purpose of Disbursement Consulting - fundraising	
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:		

Full Name (Last, First, Middle Initial) <b>c. Lilly &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 4113.00 <b>Transaction ID : SB17.6682</b>
City Austin State TX Zip Code 78701-2467	Purpose of Disbursement Consulting - fundraising	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10420.37
<b>TOTAL</b> 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 21 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Marathon Strategic Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 3771 Vinecrest Dr.		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.6701</b>
City Dallas State TX Zip Code 75229	Purpose of Disbursement Consultant-Communications	
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:		

Full Name (Last, First, Middle Initial) <b>B. Partida &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 3222 Aspen Lake Drive		Amount of Each Disbursement this Period 3294.00 <b>Transaction ID : SB17.6671</b>
City Manvel State TX Zip Code 77578	Purpose of Disbursement Direct mail services	
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:		

Full Name (Last, First, Middle Initial) <b>c. Public Safety Insignia</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address P.O. Box 9077		Amount of Each Disbursement this Period 1091.25 <b>Transaction ID : SB17.6735</b>
City Surprise State AZ Zip Code 85374	Purpose of Disbursement Coins for donor mementos	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5885.25
<b>TOTAL</b> 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 22 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Reid Political Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2014
Mailing Address 3502 Halcyon Dr.		Amount of Each Disbursement this Period 1332.54 <b>Transaction ID : SB17.6704</b>
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Consulting - fundraising	Category/ Type
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>B. Republican Women of Milam County</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 371 CR228C		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6698</b>
City Cameron	State TX	
Zip Code 76520	Purpose of Disbursement Event tickets	Category/ Type
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>C. Robertson County Republican Party</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2014
Mailing Address P.O. Box 387		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.6686</b>
City Calvert	State TX	
Zip Code 77837	Purpose of Disbursement Event tickets	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1882.54
<b>TOTAL</b> 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 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 1700 Diagonal Rd., Ste. 730		Amount of Each Disbursement this Period 890.00 <b>Transaction ID : SB17.6678</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Registration, lodging for event	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 95.55 <b>Transaction ID : SB17.6700</b>
City Dallas	State TX Zip Code 75266-0108	
Purpose of Disbursement Telephone service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 100.55 <b>Transaction ID : SB17.6694</b>
City Dallas	State TX Zip Code 75266-0108	
Purpose of Disbursement Telephone service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1086.10
<b>TOTAL</b> This Period (last page this line number only).....	34340.68

**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 24 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 90200.00 <b>Transaction ID : SB19A.6690</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 17		

Full Name (Last, First, Middle Initial) <b>B. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 9800.00 <b>Transaction ID : SB19A.6691</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: TX District: 17		

Full Name (Last, First, Middle Initial) <b>C. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 1700.00 <b>Transaction ID : SB19A.6692</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: TX District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101700.00
<b>TOTAL</b> 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 25 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 48300.00 <b>Transaction ID : SB19A.6693</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: TX District: 17		

Full Name (Last, First, Middle Initial) <b>B. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB19A.6697</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: TX District: 17		

Full Name (Last, First, Middle Initial) <b>C. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 21700.00 <b>Transaction ID : SB19A.6754</b>
City BRYAN State TX Zip Code 77805	Purpose of Disbursement Loan payment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: TX District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75000.00
<b>TOTAL</b> 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 26 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 13550.00 <b>Transaction ID : SB19A.6755</b>
City BRYAN	State TX	
Zip Code 77805	Purpose of Disbursement Loan payment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 17	

Full Name (Last, First, Middle Initial) <b>B. BILL FLORES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO BOX 6207		Amount of Each Disbursement this Period 9750.00 <b>Transaction ID : SB19A.6756</b>
City BRYAN	State TX	
Zip Code 77805	Purpose of Disbursement Loan payment	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: TX District: 17	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23300.00
<b>TOTAL</b> This Period (last page this line number only).....	200000.00

**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 27 OF 36			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. BILL PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address PO Box 4528		Amount of Each Disbursement this Period 300.00
City Bryan	State TX	
Zip Code 77805	Purpose of Disbursement PAC contribution	Transaction ID : <b>SB21.6716</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. PEOPLE FOR DAVID JOLLY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 320 1ST ST SE		Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Campaign contribution	Transaction ID : <b>SB21.6666</b>
Candidate Name <b>DAVID W. JOLLY</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	
State: FL District: 13		

Full Name (Last, First, Middle Initial) <b>C. PETE SESSIONS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO BOX 823047		Amount of Each Disbursement this Period 2000.00
City DALLAS	State TX	
Zip Code 75382	Purpose of Disbursement	Transaction ID : <b>SB21.6713</b>
Candidate Name <b>PETE MR. SESSIONS</b>	Category/ Type	
Office Sought: <input checked="" 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: TX District: 32		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4300.00
<b>TOTAL</b> 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 28 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TEXANS FOR LAMAR SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address PO BOX 6155		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.6712</b>
City SAN ANTONIO	State TX	
Zip Code 78209	Purpose of Disbursement Campaign contribution	Category/ Type
Candidate Name <b>LAMAR SMITH</b>	Office Sought: <input checked="" 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: TX District: 21	

Full Name (Last, First, Middle Initial) <b>B. TEXANS FOR SENATOR JOHN CORNYN INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address PO BOX 13026		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.6683</b>
City AUSTIN	State TX	
Zip Code 78711	Purpose of Disbursement Campaign contribution	Category/ Type
Candidate Name <b>JOHN CORNYN</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: TX District: 00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	8300.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR 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 Cumulative Payment To Date Balance Outstanding at Close of This Period  
250000.00 147250.00 102750.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M

D 31 D

Y 2009 Y

M M

D D

Y None Y

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)..... 102750.00  
**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**

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

FOR 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 Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000.00 50000.00 0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 / 09 / 2010

M M / D D / Y Y Y Y  
03 / 09 / 2010

M M / D D / Y Y Y Y  
03 / 09 / 2010

M M / D D / Y Y Y Y  
None

M M / D D / Y Y Y Y  
None

M M / D D / Y Y Y Y  
None

M M / D D / Y Y Y Y  
None

M 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).....

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**

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

FOR 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) ▼

Runoff

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  
75000.00 75000.00 0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 12 D

Y 2010 Y

M M

D D

Y None Y

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)..... ▶

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**

NAME OF COMMITTEE (In Full) **BILL FLORES FOR CONGRESS** Transaction ID : **SC/10.4517**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BILL FLORES</b>	<b>[PERSONAL FUNDS]</b>	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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
80000.00	80000.00	0.00

<b>TERMS</b>			
Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2010	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
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**

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

FOR 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 Cumulative Payment To Date Balance Outstanding at Close of This Period  
225000.00 9750.00 185250.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M

D 01 D

Y 2010 Y

M M

D D

Y None Y

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)..... 185250.00  
**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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

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**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4335**  
**BILL FLORES FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BILL FLORES</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2010	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	338000.00

**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)

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  
**Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs Road  
Suite 1050

City State Zip Code  
Dallas TX 75201-2104

Nature of Debt (Purpose):  
Legal and Accounting Fees

Outstanding Balance Beginning This Period **4000.00** Transaction ID : SD10.5821

Amount Incurred This Period **2000.00** Payment This Period **4000.00** Outstanding Balance at Close of This Period **2000.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Lilly & Company**

Mailing Address 1005 Congress Avenue  
Suite 910

City State Zip Code  
Austin TX 78701-2467

Nature of Debt (Purpose):  
Consulting - Fundraising

Outstanding Balance Beginning This Period **8420.37** Transaction ID : SD10.5819

Amount Incurred This Period **5429.77** Payment This Period **8420.37** Outstanding Balance at Close of This Period **5429.77**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Partida & Associates**

Mailing Address 3222 Aspen Lake Drive

City State Zip Code  
Manvel TX 77578

Nature of Debt (Purpose):  
Direct mail services

Outstanding Balance Beginning This Period **3294.00** Transaction ID : SD10.6427

Amount Incurred This Period **0.00** Payment This Period **3294.00** Outstanding Balance at Close of This Period **0.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>7429.77</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>7429.77</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>338000.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>345429.77</b>