

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

Bob Flores for Congress

ADDRESS (number and street)

728 W. Edna Place

Check if different than previously reported. (ACC)

Covina

CA

91722

2. FEC IDENTIFICATION NUMBER ▼

C C00518613

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

43

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

CA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

CA

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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 Yolanda Miranda

Signature of Treasurer Yolanda Miranda

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Write or Type Committee Name
Bob 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))....	350.00	4204.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	350.00	4204.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	361.23	2220.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	361.23	2220.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1983.40	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	12354.08	

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

Bob Flores for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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).....	200.00	3300.00
(ii) Unitemized.....	150.00	904.00
(iii) TOTAL of contributions from individuals ▶	350.00	4204.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	350.00	4204.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	350.00	4204.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	361.23	2220.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.40
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	361.23	2220.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1994.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	350.00
25. SUBTOTAL (add Line 23 and Line 24).....	2344.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	361.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1983.40

**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 10
	<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	

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)
Bob Flores for Congress

A. Full Name (Last, First, Middle Initial)
Heberto M. Sanchez

Mailing Address 81 Rainbow Ridge Rd.

City Pomona State CA Zip Code 91766

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

Name of Employer LA County Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : INCA37

Amount of Each Receipt this Period
 200.00

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).....

200.00

200.00

**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 6 OF 10			
	<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)
Bob Flores for Congress

Full Name (Last, First, Middle Initial) A. Sprint		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address PO Box 4181		Amount of Each Disbursement this Period 361.23
City Carol Stream	State IL	
Zip Code 60197-4181		
Purpose of Disbursement Telephone	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) 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:		

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

SUBTOTAL of Disbursements This Page (optional).....	361.23
TOTAL This Period (last page this line number only).....	361.23

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Bob Flores for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America		Nature of Debt (Purpose): Credit card payment
Mailing Address P.O. Box 982235		
City State	Zip Code	
El Paso TX	79998	

Outstanding Balance Beginning This Period	Transaction ID : PAYD42	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="90.05"/>	<input type="text" value="0.00"/>	<input type="text" value="90.05"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Flores		Nature of Debt (Purpose): Filing fee
Mailing Address 3924 W Avenue 42		
City State	Zip Code	
Los Angeles CA	90065	

Outstanding Balance Beginning This Period	Transaction ID : PAYD7	
<input type="text" value="1818.42"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1818.42"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Flores		Nature of Debt (Purpose): Office supplies
Mailing Address 3924 W Avenue 42		
City State	Zip Code	
Los Angeles CA	90065	

Outstanding Balance Beginning This Period	Transaction ID : PAYD8	
<input type="text" value="809.85"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="809.85"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2718.32"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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)

Bob Flores for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Flores

Mailing Address 3924 W Avenue 42

City State Zip Code
Los Angeles CA 90065

Nature of Debt (Purpose):
Printing letterhead and envelopes

Outstanding Balance Beginning This Period **1891.16** **Transaction ID : PAYD9**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **1891.16**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Flores

Mailing Address 3924 W Avenue 42

City State Zip Code
Los Angeles CA 90065

Nature of Debt (Purpose):
Payment to L.A. County

Outstanding Balance Beginning This Period **250.00** **Transaction ID : PAYD11**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **250.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Flores

Mailing Address 3924 W Avenue 42

City State Zip Code
Los Angeles CA 90065

Nature of Debt (Purpose):
Credit card payments

Outstanding Balance Beginning This Period **0.00** **Transaction ID : PAYD41**

Amount Incurred This Period **625.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **625.00**

1) SUBTOTALS This Period This Page (optional)	2766.16
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 9 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Bob Flores for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doris Lau	Nature of Debt (Purpose): Voter Register List
Mailing Address 417 N. Alhambra Ave., #B	
City State Zip Code Monterey CA 91755	

Outstanding Balance Beginning This Period 93.00	Transaction ID : PAYD25	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 93.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doris Lau	Nature of Debt (Purpose): Postage
Mailing Address 417 N. Alhambra Ave., #B	
City State Zip Code Monterey CA 91755	

Outstanding Balance Beginning This Period 199.00	Transaction ID : PAYD26	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 199.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doris Lau	Nature of Debt (Purpose): Copies
Mailing Address 417 N. Alhambra Ave., #B	
City State Zip Code Monterey CA 91755	

Outstanding Balance Beginning This Period 28.14	Transaction ID : PAYD27	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28.14

1) SUBTOTALS This Period This Page (optional)	320.14
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Bob Flores for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Doris Lau

Mailing Address 417 N. Alhambra Ave., #B

City State Zip Code
Monterey CA 91755

Nature of Debt (Purpose):
Postage

Outstanding Balance Beginning This Period		Transaction ID : PAYD28	
<input type="text" value="67.50"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="67.50"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Los Angeles County Registrar/ Recorder

Mailing Address 12400 Imperial Hwy.

City State Zip Code
Norwalk CA

Nature of Debt (Purpose):
Candidate Statement

Outstanding Balance Beginning This Period		Transaction ID : PAYD10	
<input type="text" value="4981.96"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4981.96"/>	

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

Mailing Address 728 W. Edna Place

City State Zip Code
Covina CA 91722

Nature of Debt (Purpose):
Accounting and reporting services

Outstanding Balance Beginning This Period		Transaction ID : PAYD43	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6549.46"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="12354.08"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12354.08"/>