CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST NICKNAME LAST	MI	OFFICE USE ONLY Date Received
	Flores	00.77%	11222022,0-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1508 Fastway St. G	COLLY, STATE: ZIP CODE	Date Received 6/22/2027 Nivaue Philip
Change of Address			•
5 CANDIDATE/ OFFICEHOLDER PHONE	713) 553 -635	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI SUFFIX	Date Processed
	Barruza	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UTE #; CITY;	STATE: ZIP CODE
ADDRESS (Residence or Business)	1508 Eastway St.	Galena Park, T	X 77547
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	()
PHONE	(73) 997-965	6	
9 REPORT TYPE	January 15 30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 19/2022	THROUGH 4	Day Year / 202)
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 5 / 7 / 2022 General	Runoff Other Description	School Board
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE: CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
CONTINUE (G)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 248,11				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
1	quired to be reported by me under Title 15, Election Code.					
	`	-				
	V					
	- Am					
	√ Signature of Car	ndidate or Officeholder				
	·					
		•				
Please complete either option below:						
(1) Affidavit						
(1) Alliauvic						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the _	, day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is	and my date of birth is	16/16/77				
My address is	8 Fastway GakinAlt T	775 ₄₇ Us/				
		tate) (zip code) (country)				
Executed in	County, State of, on the 22 gay of	, 20 22.				
	(month)	(year)				
	dinature of Candid	ate/Officeholder (Declarant)				
	agradie of Candid	and Charles (Declaratin)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
2'	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1		\$
2	. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4	. SCHEDULE E: LOANS	s
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
E	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
E	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$248.11
10	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$
•		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memonal Legal Services The Instruction (nse Is Expense	Office Over Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of District	ipment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME Juan	Flor	CS		3 Filer ID (Ethi	ics Commission Filers)
4 Date 7. 17022	5 Payee nar	ne Supar	Chea	pS	igns		
6 Amount (\$) 27	7 Payee ad		ford Cen	ter	Blud, Sur-	kloo, A	zip Code
8 PURPOSE OF	(a) Category	(See Categories listed a	t the top of this sch	edule)	(b) Description	Signs	
EXPENDITURE	(c)	Check if travel outside of Te	xas. Complete Sche	dule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder	name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;			City;	State	; Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	y (See Categories listed a	at the top of this sch	nedule)	Description		
EAFERDITORE		Check if travel outside of Te	exas. Complete Sche	edule T.	Check if Aus	tin, TX, officeholder livit	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder	name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed	at the top of this sch	hedule)	Description		
		Check if travel outside of T	exas. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder	name		Office sought		Office held
	ATT	ACH ADDITIONA	L COPIES OF	THIS S	CHEDULE AS NEE	DED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	nstruction Guide explains how to complete this form.		1 Total pages Schedule A1:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)			
		6 Contributor address; City; Stat	e; Zip Code				
8	Principal occu	pation / Job title (See Instructions) 9 E	l mployer (See Instruct	ions)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
		Contributor address; City, Sta	te; Zip Code				
	Principal occup	ation / Job title (See Instructions)	imployer (See Instruct	ions)			
	Date Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$)			
		Contributor address; City; Star	re; Zip Code				
	Principal occuj	eation / Job title (See Instructions)	mployer (See Instruct	ructions)			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)			
		Contributor address; City; Sta	te; Zip Code				
	Principal occu	pation / Job title (See Instructions)	mployer (See Instruc	tions)			
		ATTACH ADDITIONAL CODIES OF TH	US SCHEDIU E AS A	JEEDED.			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

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Revised 8/17/2020

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	•			
	The I	1 Total pages Schedule E:		
2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan		PAC (ID#:)	9 Loan Amount (\$)
ē	s lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
,	Y N			
12	Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable		T	
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan		PAC (ID#:)	Loan Amount (\$)
-	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution?			Maturity date
	Y N			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political
	none		account (See Instruc	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
' -	lf i	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE nstruction guide for additional r	EDED eporting requirements.

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Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State: Zip Code 7 Payee address; 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date State; Zip Code Payee address; City; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.						
		EXPENDITURE CATE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	/ I Committee	Fees Office Overl Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Exp mittee Legal Services Salaries/Wa		ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	The Instruction Guide ex			implete tille form.	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGE	OTOACRE	EDIT CARD	\$	
5 Date	6 Payee	name			4	
7 Amount (\$)	8 Payee	address:		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
EAFERDITONE	(c) _	Check if travel outside of Texas. Complet	te Schedule T.	Check if A	ustin. TX, officeholder livin	ng expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	ffice sought	Office I	neid
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	olitical		
PURPOSE OF	Catego	ory (See Categories listed at the top of t	his schedule)	Description		
EXPENDITURE		Check if travel outside of Texas. Comple	ete Schedule T.	Check if	Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate / Officeholder name	0	ffice sought	Office	held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Revised 8/17/2020

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee **Legal Services** Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State: Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder fiving expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH **Business** name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics C	ommission Filers)		
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City	State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See ins	itructions regarding type o	f information		
Date	Payee name					
Amount (\$)	Payee address:	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruction (See instruction)	structions regarding type o	of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	structions regarding type (of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type	of information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The I	dule K:					
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State; Zip Code					
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ite; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if political contribution re					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

F									
	The Instruction Guide explains how to complete this form.								
L		Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Final	ai Kabott ••						
1 C/OH NAME 2 Filer ID (Ethics Commission F									
3	SIGNA	TURE							
ľ	OlOita								
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
		Signatu	re of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Checi	conly one:							
		I do not have unexpended contributions or unexpended interest or income earned fr	om political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	B.	ASSETS							
l	Chec	k only one:							
		I do not retain assets purchased with political contributions or interest or other incon	ne from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
	Signature of Candidate								
+	5 OFFIC	EHOLDER							
Ι`		plete this section <i>only</i> If you are an officeholder ··							
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.								
		s	Signature of Officeholder						