Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH
COVER SHEET PG 1

2003 JUL 15 PM 4:33

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers) 2099 002

2 Total pages filed: 20

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: ROGER MI: O
NICKNAME LAST: Flores SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 2233
San Antonio, TX 78298-2233

5 CAMPAIGN TREASURER NAME

TITLE: MRS. FIRST: JANINE MI: P.
NICKNAME LAST: Flores SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
502 W. Russell Pl.
San Antonio, TX 78212

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 736-1469 EXTENSION

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 5/18/03 THROUGH Month Day Year: 6/30/03

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Councilman Distr. 1

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Roger O. Flores

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15,900.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 19,815.01

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roger O. Flores, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Melinda S. Lopez	Melinda S. Lopez	Notary

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/18/03	DR. RICARDO A. RIOJAS, SR. 4215 GLENCREST SAN ANTONIO, TEX 78229	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	ROBERT A. BERMAN 27 GREENS CLIFF SAN ANTONIO, TEXAS 78216	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	DAVID W. BECK JR. OR NANCY SCOTT BECK 724 N. ST. MARY'S SAN ANTONIO, TEX 78205	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	PAT FROST OR KELLEY L. FROST 604 GARRATY ROAD SAN ANTONIO, TEX 78209	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/21/03	GREEN INDUSTRY ALLIANCE SAN ANTONIO, TX	100.00	

Principal occupation (Optional)	Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 2 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/22/03	HOLLAND & KNIGHT LLP TEXAS PAC 112 E. PECAN ST. Ste 2700 SAN ANTONIO, TEX 78205	250.00	
Principal occupation (Optional):	Employer (Optional):		
5/20/03	VELIA V. ARCINIEGA 415 E. WOODLAWN NO 2. SAN ANTONIO, TEX 78212	50.00	
Principal occupation (Optional):	Employer (Optional):		
5/21/03	RASA SILEMS 228 WEST HUISACLE SAN ANTONIO, TEX 78212	100.00	
Principal occupation (Optional):	Employer (Optional):		
5/22/03	MILTON GUESS 800 NAVARRO ST. Ste 210 SAN ANTONIO, TEX 78205	500.00	
Principal occupation (Optional):	Employer (Optional):		
5/23/03	JOHN W. FEIK or RITA L. FEIK 221 GENESEO ROAD	250.00	
Principal occupation (Optional):	Employer (Optional):		

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 3 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/21/03	ARTHUR S. Rodriguez 2101 W. Summit Ave SAN ANTONIO, TX 78201	150.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	THOMAS N. or LAURA B. TURK 6335 Circle OAK Bulverde, TX 78163-2331	$250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	T.C. FROST PO BOX ~~223~~ 1600 SAN ANTONIO, TX 78296	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	MR or MRS. RICHARD W. EVANS, JR 315 TERRELL RD. SAN ANTONIO, TX 78209	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/03	MR or MRS Peter Holt 2191 Little Blanco Rd Blanco TX 78606	$500.00	

Principal occupation (Optional)	Employer (Optional)

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1 Total pages this Schedule A1: 4 of 14

2 FILER NAME: Roser O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/24/03	Bennye E. Frazier 911 Hailton Dr SA TX 78213	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	Louis or Deanna M Ramirez 8023 Hobble Dr SA TX 78227	300.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	Juan M. Valenzuela or Pilar Valenzuela 615 Augusta San Antonio, TX 78215	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	Cynthia Ann Marquez 222 E Houston # 903 SA Tex 78205	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	Tonie Marie Rankin or Michael F. Rankin 311 Country Rd # 456 Hondo, Tx 78861	250.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5 of 14

2 FILER NAME: Roger O. Flores

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/27/03	Charles W. Shipman or Elaine Shipman 13902 Hunters Vale San Antonio, Tx 78230	$75.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/03	Alan H. VanderHider 5411 San Pedro San Antonio, Tex 78212	$250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/03	Eugene W. Marck 5018 Kenton View San Antonio, Tex 78240	$25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/03	John T. Condit 4100 N.W. Loop 410 No. 120 San Antonio, Tx 78229	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/03	La Estrella De Arte 612 W. Commerce San Antonio, Tex 78207	300.00	

Principal occupation (Optional)	Employer (Optional)

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SCHEDULE A1
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1 Total pages this Schedule A1: 6 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/22/03	RAY J. OLIVARRI, JR. 111 SOLEDAD Suite 825 SAN ANTONIO, TX 78205	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	DOUGLAS C. BEACH 217 ALAMO PLZA Suite 300 SAN ANTONIO, TX 78205	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	EDWARD TORRES 2727 Treble CRK Apt 2206 SA TX 78258	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	DARIO CHAPA 635 W. Woodlawn SAN ANTONIO, TX 78212	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	Lupe TORRES 7500 CALLAGHAN Rd #103 SAN ANTONIO, TX 78228	200.00	

Principal occupation (Optional)	Employer (Optional)

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1 Total pages this Schedule A1: 7 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/26/03	MR. OR MRS A. JIMENEZ 4026 GLENROCK SAN ANTONIO, TX	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	GREGORY R GARZA 15527 DAWN CREST SAN ANTONIO, TX 78248	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	JOHNSON PROPERTIES H.D. Johnson PO BOX 101136 SA TX 78201	$300.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/26/03	ROBERT C. ARELLANO 105 S. ST MARY'S SA TX 78205	$250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/27/03	RAUL M. MARTINEZ 515 W. WILDWOOD SA TX 78212	25.00	

Principal occupation (Optional)	Employer (Optional)

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1 Total pages this Schedule A1: 8 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/24/03	JOHN L. GERMAN 2115 ENCINO CLIFF SA TX 78259	75.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/24/03	GRES PEÑA EMMA 514 W. Commerce SA TX 78207	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/20/03	RICHARD J. VENSAS Judith or 15365 Mutiny Court Corpus Christi, TX 78418	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	PAT Maloney Sr. 6607 Laurel Hill SA TX 78229	$500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	RICHARD R. GARCIA DBA 115 Live Oak Dr Pleasanton TX 78064	200.00	
Principal occupation (Optional)	Employer (Optional)		

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1 Total pages this Schedule A1: 9 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	PAUL B. CARTER 802 AUSUSTA #100 SAN ANTONIO, TX 78216	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	TACO HAVEN BIDS Acct 1032 S. PRESA SATX 78210	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	PAT MALONEY JR. 239 E. COMMERCE SATX 78205	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/20/03	ERNEST W. BRUMLEY OR AIMEE 104 E. ELSMERE SATX 78212	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/02/03	DAVID S. ZACHARY P.O. BOX 240130 SATX 78224	500.00	

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1: 10 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	J.P. ZACHARY 310 S. ST. MARY'S SA TX 78205	$ 250.00	

9 Principal occupation (Optional): 10 Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	JESSE S. COVARRUBIAS 204 SHALIMAR SA TX 78213	100.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	ABELINA F. VALERO 5011 VILLAGE GREEN SA TX 78218	25.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	MOLLY GOCHMAN 1800 N. MASON RD. KATY, TEX 77449	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/22/03	SUSAN OR DON BURDEN 411 FM 473 COMFORT, TX 78013	150.00	

Principal occupation (Optional): Employer (Optional):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11 of 14

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	R. Javier Guerra + Liza 475 E. Magnolia SA TX 78212	150.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	Linebarger Gogan Blair + Sampson LLP P.O. Box 17428 Austin, TX 78760	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	Paul W. Kummer 201 Hill Country Ln. SA TX 78232	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	David or Becky Gochman AEG 1800 N. Mason Rd. Katy, TX 77449	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	David or Sylvia B. Soto Jr. 930 W. Kings Hwy San Antonio, TX 78201	100.00	

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 12 of 14

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	GSABA-SABPAC Political Contributions 8925 IH10 West SA TX 78230	500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	C. Edward Barron III P.O. Box 677 Helotes, Tx 78023	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	Paul T. Curl A Prof Corporation 700 N. St. Marys Ste 1930 SA TX 78205	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	San Antonio Firefighters PAC 8925 West IH10 San Antonio, TX 78230	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/02/03	David P. Carter 200 Main Plaza SA TX 78205	100.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 13 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	LOUIS H. STUMBERG 832 EVENTIDE SA TEX 78209	250.00	

9 Principal occupation (Optional) / 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	JOHN B. ZACHARY P.O. BOX 240130 SA TX 78224	500.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	ROSIE M. GONZALEZ 202 E PARK AVE STE A SAN ANTONIO, TX 78212	25.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	GEORGE C. HIXON 315 E. COMMERCE, STE 300 SA TEX 78205	$500.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	GALE WILSON & SANCHEZ PLLC 115 E TRAVIS STE 618 SA TX 78205	250.00	

Principal occupation (Optional) / Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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1 Total pages this Schedule A1: 14 of 14

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/03	Kenneth + Susan Ginay 3011 Old Elm Way San Antonio, TX 78230	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/03	Sheet Metal Workers Polical Action 130 Avenue Del Rey SATX 78216	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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Total Pages Schedule F: 1 of 3

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/21/03	MUNGUIA PRINTERS 2201 BUENA VISTA STR. SA TX 78207	$1,122.89

8 Purpose of payment (See instructions regarding type of information required.): MAILER

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/20/03	IDEAS UNLIMITED 5213 BANDERA RD. SA TEXAS 78238	447.70

Purpose of payment (See instructions regarding type of information required.): SIGNS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/21/03	Mail Service Plus	74.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/22/03	SBC SAN ANTONIO, TX	197.73

Purpose of payment (See instructions regarding type of information required.): Tel. Bill

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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1 Total pages Schedule F: 2 of 3

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/29/03	SPRINT CELLULAR	649.90

8 Purpose of payment (See instructions regarding type of information required.): ROGER O. FLORES CAMPAIGN CELLULAR

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/29/03	MICHAEL VILLARREAL	$2,250.00

Purpose of payment (See instructions regarding type of information required.): STATISTICAL CONSULTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/12/03	VISUAL NET DESIGNS	32.34

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN WEBSITE ACCESS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/25/03	DAWN LARIOS 4706 PARADISE WOODS SAN ANTONIO, TX 78249	3,421.49

Purpose of payment (See instructions regarding type of information required.): CONTRACT LABOR

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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SCHEDULE F

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Total pages Schedule F: 3 of 3

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/26/03	Election Support Services 4958 Military Dr. West San Antonio, TX 78242	11,000.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Mailer Outs Campaign	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/24/03	Rush American Printers SA Tex	240.75

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Stationary / official	councilman

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: ROGER O. FLORES

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
5/18/03	Fasclampitt-SA 403 E. Ramsey SA TX 78216	stationary - for invites	$58.65	☑
5/18/03	Fasclampitt-SA 402 E. Ramsey Suite 306 SA TX 78216	Stationary Materials	67.53	☑
5/24/03	Now Print & Cash & Carry 4602 Blanco Rd. SA Tex 78212	Printing - Stationary/invites	139.05	☑
5/24/03	US. Postal Serv.	Postage	111.00	☑
				☐

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