CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 MAY 19 P 4:

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

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed: 15

3 CANDIDATE / OFFICEHOLDER NAME	TITLE: MR. FIRST: ROGER MI: O NICKNAME: LAST: FLORES SUFFIX:	OFFICE USE ONLY
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	Date Received
5 CAMPAIGN TREASURER NAME	TITLE: MRS FIRST: JANINE MI: P. NICKNAME: LAST: FLORES SUFFIX:	Date Hand-delivered or Date Postmarked
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, TEXAS 78212	Receipt # / Amount
7 CAMPAIGN TREASURER PHONE	AREA CODE: (210) PHONE NUMBER: 736-1469 EXTENSION:	Date Processed
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)	Date Imaged
9 PERIOD COVERED	Month Day Year: 4/24/03 THROUGH Month Day Year: 5/17/03	
10 ELECTION	ELECTION DATE Month Day Year: 5/27/03 ELECTION TYPE: ☐ Primary ☑ Runoff ☐ General ☐ Special	
11 OFFICE	OFFICE HELD (if any):	12 OFFICE SOUGHT (if known): City Council, District 1
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	•• 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:	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: ROGER FLORES, JR.

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

RECEIVED CITY SECRETARY OFFICE 2003 MAY 19 P 4:11

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)	$ 11,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 14,831.72
	4. **TOTAL POLITICAL EXPENDITURES**	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,000.00

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Roger O. Flores, this the 19th day of May, 20 03, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO 2003 MAY 19 P 4:11

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: 1-8

2 FILER NAME: ROGER FLORES JR

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)
5/7/03	ROBERT G. GUNN, III 711 NAVARRO, Suite 406 SAN ANTONIO, TX 78205	$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)
5/7/03	Col. Gil CORONADO 309 GLADIOLA LN. SAN ANTONIO, TX 78213 2009	$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)
5/7/03	RAUL MARTINEZ OR BEATRICE MARTINEZ 515 W. Wildwood 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)
5/7/03	SAN ANTONIO Firefighters PAC 8925 West IH10 SAN ANTONIO, TX 78230	$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)
5/7/03	The CORBO Family Limited PARTNERSHIP 1430 N. Flores SAN ANTONIO, Tex 78212	$100.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 MAY 19 PM 8

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME: ROGER FLORES JR

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)
5/2/03	RICHARD L. OTERO MD. 520 E. Euclid Ave SAN ANTONIO, TEX 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)
5/7/03	W. THOMAS WEIR 300 CONVENT Ste 1500 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)
5/7/03	ALFONSO CHISCANO, M.D. 15243 Pebble Cove SAN ANTONIO, 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)
5/7/03	CARLOL MADRID JR. & MRS. RACHEL G. MADRID 3919 FAWNRIDGE DR. SAN ANTONIO, TEX 78229	$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)
5/7/03	MARIA V. SUNIGA or NOEL A. SUNIGA 3522 Rock Creek Run SAN ANTONIO, TX 78230	$50.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO

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.

2003 MAY 19 P

1 Total pages this Schedule A1: 3-8

2 FILER NAME: ROGER FLORES JR

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)
4/29/03	REAGAN HOUSTON IV 4040 BROADWAY, Suite 630 SAN ANTONIO, TEX 78209	$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)
4/30/03	EDUARDO GUTIERREZ 1523 W. MISTLETOE SAN ANTONIO, TEX 78201	200.00	

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)
4/30/03	LINDA J. RUIZ 124 FOXHALL COVE SAN ANTONIO, TEX 78213	$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)
5/1/03	GREG QUINTANA 677 COWBOYS PKWY, APT. 3130	$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)
5/2/03	ROGER S. CAMPOS, D.D.S. 16507 INWOOD COVE DR. SAN ANTONIO, TEX 78248	$500.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

RECEIVED CITY SECRETARY'S OFFICE 2003 MAY 19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: Page 4 of 8

2 FILER NAME: ROGER FLORES JR

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)
4/24/03	RONALD B. or Helen MARTIN 234 E. Lullwood SAN ANTONIO, TX 78212	$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)
4/25/03	SAN ANTONIO IRON WORKERS PAC 4318 Clark Ave SAN ANTONIO, TEX 78222	$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)
4/25/03	Lawrence S. Kurth 19214 Kristen Way SAN ANTONIO, TX 78258	150.00	

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)
4/25/03	ARNULFO QUINTANA JR. SONIA QUINTANA 5822 North Gap St. SAN ANTONIO, TEX 78239	$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)
4/28/03	Gilbert M. Ruiz, MD. 124 Foxhall Cove SAN ANTONIO, TX 78213	$500.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO

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.

2003 MAY 19 PM 5 48

1 Total pages this Schedule A1: 8

2 FILER NAME: ROGER FLORES JR

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)
5/7/03	BRANTON & WALL, P.C. ONE RIVERWALK PL. Suite 1700 700 N. ST. MARY'S SAN ANTONIO, TX 78205	$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)
5/9/03	ARNOLD SWARTZ 200 PATTERSON SAN ANTONIO, TX 78209	$150.00	

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)
5/13/03	CYNTHIA ANN MARQUEZ 222 E. HOUSTON ST #903 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)
5/13/03	CHARLES T. BARRETT, JR. 96 N.E Loop 410 SAN ANTONIO, TX 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)
5/13/03	EUGENE W. MAREK 5018 KENTON VIEW SAN ANTONIO, TX 78240	$25.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY SECRETARY

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.

2003 MAY 19 P 6:

1 Total pages this Schedule A1: 6 of 8

2 FILER NAME: ROGER FLORES JR.

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)
5/13/03	RICHARD MAX FRASER DAVIDSON 232 West CRAIG PL. SAN ANTONIO, TEX 78212	$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)
5/13/03	Col. D.D. Behrens Col Loretta A. Behrens 142 E. Elsmere PL SAN ANTONIO, TX 78212	$150.00	

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)
5/13/03	PORTER LORING, III 417 CANTERBURY SAN ANTONIO, TX 78209	$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)
5/13/03	THOMAS J. SENINI 208 CASTLE GARDENS DR. SAN ANTONIO, TEX 78213	$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)
5/13/03	WAI YING WONG YUK-SIM HUI WONG 13118 HUNTSMAN RD. SAN ANTONIO, TX 78249	$250.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED CITY OF SAN ANTONIO 2003 MAY 19 P 4:

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: 7 of 8

2 FILER NAME: ROGER FLORES, JR

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)
5/16/03	WILLIEAM E SIEBERT 3811 HUNTER'S TRAIL SAN ANTONIO, TEX 78230	$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)
5/16/03	MR. or MRS. FRANK GALINDO P.O. BOX 12217 SAN ANTONIO, TX 78212	$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)
5/16/03	CHRISTOPHER S COPELAND 326 SHANNON LEE SAN ANTONIO, TX 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)
5/16/03	LINDA M. PACE 445 N. MAIN AVE SAN ANTONIO, TX 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)
5/16/03	ASSOCIATED CONTRACTORS of AMCA PAC 10806 GULFDALE SAN ANTONIO, TX 78216	$500.00	

Principal occupation (Optional): Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

RECEIVED CITY SECRETARY'S OFFICE 2003 MAY

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8 of 8

2 FILER NAME: ROGER O. FLORES JR.

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)
5/16/03	JAVIER GARCIA D.D.S. 7400 LOUIS PASTEUR, STE 204 SAN ANTONIO, TX 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)
5/16/03	LYNN LORING P.O. BOX 1246 SAN ANTONIO, TX 78295	$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)
5/16/03	JERRY L. KNIPPA BOX 104 BOERNE, TX 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)
5/17/03	DAVIDSON & TROILO A PROFESSIONAL CORPORATION COM FOR CIVIC AWARENESS 7550 IH10 WEST SUITE 800 SAN ANTONIO, 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)
5/17/03	STEVE A. CHISCANO 13827 WONDERING OAK SAN ANTONIO, TX 78247	$250.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule C: 1-1

2 FILER NAME ROGER FLORES, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/9/03	LU #142 COPE FUND 3630 Belgium LN SAN ANTONIO, TX 78219	250.00	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/03	AMER. FEDERATION of STATE COUNTY AND MUNICIPAL Employees AFL-CIO 1625 L St. N.W. ~~WASH~~ WASHINGTON, DC. 20036	$400.00	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/13/03	IRONWORKERS State Cope FUND 3003 DAWN DR. Suite 104 GEORGETOWN, TX 78628	$500.00	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/17/03	SEIU Cope FUND. 1313 L. Street N.W. WASHINGTON, DC 20005	$500.00	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS

SCHEDULE E

RECEIVED CITY SECRETARY SAN ANTONIO 2003 MAY 19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1-1

2 FILER NAME ROGER FLORES, JR.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
5/7/03	EVANGELINA G. FLORES	$500.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 217 LOSOYA SAN ANTONIO, TX 78205	10 Interest rate: -0-
		11 Maturity date: -0-

12 Description of Collateral
☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer
Homemaker/Mother	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
5/7/03	Julia R. Flores	500.00/xx
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code 717 W. MARSHALL SAN ANTONIO, TX 78212	Interest rate: -0-
		Maturity date: -0-

Description of Collateral
☑ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer
N/A	N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Printed on recycled paper

Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY SECRETARY

The INSTRUCTION GUIDE explains how to complete this form.

2003 MAY 19 PM

1 Total pages Schedule F:

2 FILER NAME ROGER FLORES JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/24/03	LA PRENSA NEWSPAPER	200.00

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

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 ($)
4/29/03	South Western Bell Tel	$191.24

Purpose of payment (See instructions regarding type of information required.): HEAD QUARTERS Telephone Bill

•• 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 ($)
4/29/03	MUNGUIA PRINTERS 2201 BUENA VISTA SAN ANTONIO, TEXA 78207	$1,449.27

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

•• 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 ($)
4/30/03	U.S. POSTMASTER	$57.50

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY SECRETARY SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

2003 MAY 1

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/26/03	OFFICE MAX 12635 IH10 WEST SAN ANTONIO, TX 78230	43.15/xx

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

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 ($)
5/9/03	MUNGUIA PRINTERS 2201 BUENA VISTA SAN ANTONIO, TEXAS 78207	2,090.97

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

•• 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 ($)
5/6/03	DAWN ANN LARIOS 4706 PARADISE WOODS SAN ANTONIO, TX 78249	# 8,485.70

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/14/03	ROBERT ESTRADA SAN ANTONIO, TX	$500.00/xx

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED CITY SECRETARY 2003 MAY 19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/15/03	MUNGUIA PRINTERS 2201 BUENA VISTA SAN ANTONIO, TX 78207	1,122.89

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/15/03	ALL AMERICAN ARMED FORCES PARADE ASSOC P.O BOX 830831 SAN ANTONIO, TX 78283	25.00

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
FLOAT FOR SENIORS	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/17/03	ROBERT ESTRADA SAN ANTONIO, TX	$666.00

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
Block walk	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED