# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10			
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Yvonne	MI R	OFFICE USE ONLY			
NAME	NICKNAME	Flores-Cale	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip code yle TX 78640				
Change of Address	4DE4 0005	DUONE NUMBER	EVTENSION				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	Ms / MRs / MR Mrs	FIRST Yvonne	MI R	Receipt # Amount \$  Date Processed			
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
	W. C.	Flores-Cale	00.11	Date Imaged			
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE			
TREASURER ADDRESS			Kyle	TX 78640			
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD	Month	Day Year	Reporting Limit  Month	Day Year			
COVERED	7	/ 16 / 23	THROUGH 9	/ 28 / 23			
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	<u> </u>			
	Month Day	Year Primary  23 General	Runoff Other Description Special				
40.055105	OFFICE HELD (if any	\	42 055105 0011017 (510-11	-1			
12 OFFICE		cil District 2	Mayor (if know	n)			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NODATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS						
-9-2	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
		20.55	2405.0				
		GO TO	PAGE 2				

## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 2**

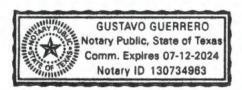
15 C/OH NAME Yvonne Flores-Cale		10	6 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,762.50
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,204.20
	4.	TOTAL POLITICAL EXPENDITURES	\$	5,310.02
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	917.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	300.00

18 SIGNATURE

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.

## Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL						
Sworn to and subscribed before 20 23 , to certify which, w			ALE #	nis the 10	day of C	OCTOBER,
Signature of officer administering oath	Printed nam	ne of officer administeri	ng oath		Title of office	r administering oath
		OR				-
(2) Unsworn Declaration						
My name is		, ar	nd my date of	birth is		
My address is		,				
	(street)		(city)	(state)	(zip code)	(country)
Executed in	_ County, State of	, on the	day of _	(month)	, 20 (year)	
			Signature of	Candidate/Of	ficeholder (Dec	larant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	riler NAME vonne Flores-Cale	20 Filer ID (Ethics Con	nmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,670.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,092.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	4,105.82	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.15

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 2
Yvonne F	lores-Cale			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Hunter Coleman		7 Amount of contribution (\$)	
08/01/2023	6 Contributor address;	city;	State; Zip Code TX 78640	2,500.00
Principal occu	pation / Job title (See Instructions)	7100111	9 Employer (See In:	
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
8/01/2023	Contributor address;	City;	State; Zip Code	2,500.00
Dringing agent	notion / Joh title (Can Instructions)	Austin	TX 78731	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)
Date	Full name of contributor  Luanne & Jack Carw		C (ID#:	Amount of contribution (\$)
7/31/2023	Contributor address;	City;	State; Zip Code TX 78640	100.00
Principal occup	pation / Job title (See Instructions)	Kyle	TX 78640 Employer (See Ins	
Date	Full name of contributor	out-of-state PA	C (ID#:	
9/24/2023	Angelita & Rosalio Tobi	city;  Kyle	State; Zip Code TX 78640	200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	structions)
			1	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

Instruction Guide explains how	to complete th	nis form.	1 Total pages Schedule A1: 2
lores-Cale			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Kristen Gilbert	out-of-state F	AC (ID#:)	7 Amount of contribution (\$)
6 Contributor address;	City; Willis	State; Zip Code	50.00
upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
Marissa Moses			20.00
Contributor address;	City;	State; Zip Code	20.00
	Kyle	TX 78640	
pation / Job title (See Instructions)		Employer (See Instruct	ions)
Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
Jane Terreii	e l'errell		200 00
Contributor address;	City;	State; Zip Code	300.00
	Kyle	IX 78640	
pation / Job title (See Instructions)		Employer (See Instruct	ions)
Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	
	fores-Cale  5 Full name of contributor Kristen Gilbert  6 Contributor address;  pation / Job title (See Instructions)  Full name of contributor Marissa Moses  Contributor address;  pation / Job title (See Instructions)  Full name of contributor  Jane Terrell  Contributor address;  pation / Job title (See Instructions)	Full name of contributor Kristen Gilbert  6 Contributor address; City; Willis  Full name of contributor Marissa Moses  Contributor address; City; Kyle  Pation / Job title (See Instructions)  Full name of contributor  Marissa Moses  Contributor address; City; Kyle  Pation / Job title (See Instructions)  Full name of contributor  Jane Terrell  Contributor address; City; Kyle  pation / Job title (See Instructions)	S Full name of contributor   Kristen Gilbert

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2: 1
Yvonne I	Flores-Cale		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 155.00	)
5 Date 09/07/2023	6 Full name of contributor out-of-state PAC (ID#:  Edward Coleman  7 Contributor address; City; State;  Kyle TX  cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 78640		I g In-kind contribution I description I billboard I l I l I lide of Texas. Complete Schedule T.
	s principal occupation (FOR JUDICIAL)			JDICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)  or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			use (if any) (FOR JUDICIAL)
Date	Full name of contributor	Zip Code	Amount of Contribution \$ Check if travel outs	In-kind contribution description
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	UDICIAL)(See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Yvonne Flores-Cale 3 5 Payee name 4 Date 09/14/2023 Pak Mail 6 Amount (\$) 7 Payee address; City; State: Zip Code 1101 Thorpe Ln San Marcos TX 78666 589.19 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Printing Expense Signs **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/04/2023 Super Cheap Signs Amount (\$) Zip Code Payee address; City: State: 9200 Waterford Center TX 78758 Austin 660.33 Category (See Calegories listed at the top of this schedule) Description Printing Expense Signs **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/02/2023 **New Standard Manufacturing** Amount (\$) Payee address; Zip Code City: State: 209 E Ben White Blvd Austin TX 78704 662.50 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** T Shirts OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Yvonne Flores-Cale		3 Filer ID (Ethics	Commission Filers
4 Date 08/08/2023	5 Payee name Pak Mail			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
615.00	1101 Thorpe Ln	San Marco	s TX 78	666
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/25/2023	www.bannerbuzz.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
403.26	595 Old Norcross RD Suite G	Lawrence	GA	30046
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description banner and tab	le cloth	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/25/2023	www.bannerbuzz.com			
Amount (\$)	Payee address;	City;	State;	Zip Code
227.26	595 Old Norcross RD Suite G	Lawrence	GA	30046
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	car decals and	stickers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	7// 1-	Office held

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries N  The Instruction Guide explains how to describe the services and the services are services.	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Yvonne Flores-Cale		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2023	5 Payee name Pak Mail		
6 Amount (\$) 241.71	7 Payee address: 1101 Thorpe Ln	city; San Marco	State: Zip Code os TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officenolder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/26/2023	Pak Mail		
Amount (\$)	Payee address;	City;	State; Zip Code
240.00	1101 Thorpe Ln	San Marco	os TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/12/2023	Pak Mail		
Amount (\$) 466.57	Payee address: 1101 Thorpe Ln	city; San Marco	State: Zip Code S TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signs	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

## 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	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
<sup>2</sup> FILER NAME Yvonne FI		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received RBFCU	8 Amount (\$)
08/31/2023	6 Address of person from whom amount is received; City; 20613 IH-35 N. Kyle	State; Zip Code TX 78640 0.15
	7 Purpose for which amount is received Check interest on bank account	k 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:	State; Zip Code
	Purpose for which amount is received Check	k 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;	State; Zip Code
	Purpose for which amount is received Check	k 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;	State; Zip Code
	Purpose for which amount is received Chec	k if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED