

CITY OF ROUND ROCK, TEXAS
CITY OFFICIAL
FINANCIAL DISCLOSURE STATEMENT
FOR THE REPORTING PERIOD
2015
(Year)

RECEIVED
JAN 20 2016
Per [Signature]

This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

This statement is due within fifteen (15) days of the date the candidate declares his candidacy.

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2015

A. Name of Candidate: Rene M. Flores
Office Sought: Place 2 - Round Rock City Council
Residence Address: 1013 Parrot Trail
Round Rock, TX 78681
Business Address: 500 Round Rock Ave.
Round Rock, TX 78664

Telephone Numbers:
Home: () N/A
Work: (512) 255-2501
Cell: (512) 771-9560

Name of Spouse: Cynthia Flores

Name(s) of all dependent minor children:
Cecelia A. Flores
John R. Flores
—
—
—
—

Name(s) under which you, your spouse,
and/or your dependent minor children do
business:
N/A
—
—
—

B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. Identification of property: HOME RESIDENCE
1010 PARROT TRAIL, ROUND ROCK TX 78681
OAKCREEK SEC 1, BLOCK K, LOT 28

2. Identification of property: N/A

3. Identification of property: N/A

4. Identification of property: N/A

5. Identification of property: N/A

(attach separate page if necessary)

C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

1. Name of entity: N/A
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

2. Name of entity: N/A
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

3. Name of entity: N/A
Address of entity's principal place of business: _____
Type of entity (corporation, partnership, etc.): _____
Date of existence: _____
State of incorporation (if applicable): _____
Names of partners or trustees (if any): _____

(attach separate page if necessary)

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

1. Name of person or business entity: PENNY MAC

Address: 6101 CONDOR DRIVE, MOON PARK, CA 93021

If repaid during reporting period, date of repayment: N/A

2. Name of person or business entity: RANDOLPH BROOKS FCU

Address: PO Box 2097, UNIVERSAL CITY, TX 78148

If repaid during reporting period, date of repayment: _____

3. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

4. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

5. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

6. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

(attach separate page if necessary)

SEPARATE PAGE

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

7. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

8. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

9. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

10. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

11. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

12. Name of person or business entity: N/A

Address: _____

If repaid during reporting period, date of repayment: _____

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

1. Name of source: FIRST TEXAS BANK - RENE
Source's address: PO BOX 649, GEORGETOWN, TX 78627
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

2. Name of source: ROUND ROCK AREA SERVING CENTER - CYNTHIA
Source's address: 1009 E. MAIN ST. ROUND ROCK TX 78664
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

3. Name of source: IN-N-OUT BURGER - CECILIA / JOHN
Source's address: 4251 I-35 NORTH, ROUND ROCK TX 78664
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

4. Name of source: N/A

Source's address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

5. Name of source: N/A

Source's address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

6. Name of source: N/A

Source's address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

2. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: N/A

Value of gift: _____

Name of source: _____

Address of source: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

4. Recipient of gift: N/A

Value of gift: _____

Name of source: _____

Address of source: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

2. Recipient of gift: N/A
Value of gift: _____
Name of source: _____
Address of source: _____
Type of entity (if applicable): _____
Date entity came into existence (if applicable): _____
State of incorporation (if applicable): _____
Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

1. Name of individual or business entity: N/A

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

2. Name of individual or business entity: N/A

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

(attach separate page if necessary)

SEPARATE PAGE

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

3. Name of individual or business entity: N/A

Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____

4. Name of individual or business entity: N/A

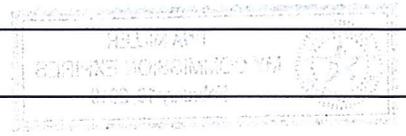
Address: _____

Type of entity (if applicable): _____

Date entity came into existence (if applicable): _____

State of incorporation (if applicable): _____

Names of partners or trustees (if applicable): _____



Signed this 19 day of JANUARY, 2016.

Rene M. Flores

(signature)

RENE M. FLORES

(print or type name)

VERIFICATION

STATE OF TEXAS §

§

COUNTY OF WILLIAMSON §

BEFORE ME, the undersigned Notary Public, on this day personally appeared

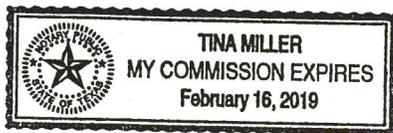
Rene M. Flores

known to me, and

after being duly sworn, stated on oath that the foregoing and attached Financial Disclosure for

2015 is within the knowledge of affiant and is true and correct.

SWORN TO AND SUBSCRIBED TO BEFORE ME on this 19th day of January, 2016.



Tina Miller

Notary Public, State of Texas

Printed Name: Tina Miller

My Commission Expires: 2/16/19