

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |   |   |                             |
|---|---|---|-----------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                           |   | <b>1</b> Filer ID (Ethics Commission Filers)  | <b>2</b> Total pages filed: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                      Rene                      M.<br>-----<br>NICKNAME                      LAST                      SUFFIX<br>-                      Flores   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> JUL 16 2018<br>BY:  |                             |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>1013 Parrot Trail, Round Rock, TX 78681   |   |                             |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 512 )                      771-9560   |   |                             |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                      Charles                      C.<br>-----<br>NICKNAME                      LAST                      SUFFIX<br>Charlie                      Culpepper   |   |                             |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>1901 Shadowbrook Circle, Round Rock, TX 78681  |   |                             |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 512 )                      699-0383   |   |                             |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                             |
| <b>10</b> PERIOD COVERED  | Month    Day    Year                      Month    Day    Year<br>01 / 01 / 2018                      THROUGH                      06 / 30 / 2018   |   |                             |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br>Round Rock City Council, Place 2  | <b>13</b> OFFICE SOUGHT (if known)  |                             |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME Rene M. Flores **15** Filer ID (Ethics Commission Filers)

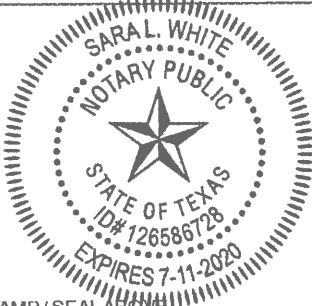
**16** NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

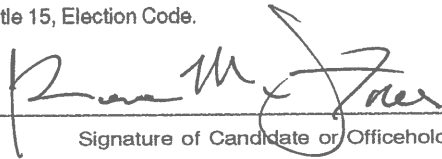
|                               |   |    |        |
|-------------------------------|---|----|--------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |        |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                           | \$ |        |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ |        |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 149.00 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ | 721.20 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ |        |

**18** AFFIDAVIT

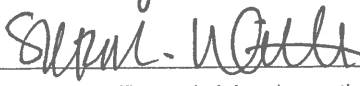


AFFIX NOTARY STAMP / SEAL ABOVE

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 RENE FLORES, this the 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

SARAL L. WHITE  
 Printed name of officer administering oath

Notary Public  
 Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19</b> FILER NAME<br><br>Rene M. Flores       |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                            |
| 1. <input type="checkbox"/>                      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2. <input type="checkbox"/>                      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3. <input type="checkbox"/>                      | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4. <input type="checkbox"/>                      | SCHEDULE E: LOANS  | \$  |
| 5. <input checked="" type="checkbox"/>           | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 149.00                                     |
| 6. <input type="checkbox"/>                      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7. <input type="checkbox"/>                      | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8. <input type="checkbox"/>                      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9. <input type="checkbox"/>                      | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10. <input type="checkbox"/>                     | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11. <input type="checkbox"/>                     | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12. <input type="checkbox"/>                     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | 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.

|   |  |  |   |                               |               |
|---|--|--|---|-------------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Rene M. Flores  | <b>3</b> Filer ID (Ethics Commission Filers)   |   |                               |               |
| <b>4</b> Date<br>01/26/2018   | <b>5</b> Payee name<br>WIX.com   |  |   |                               |               |
| <b>6</b> Amount (\$)<br>149.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>500 Terry A. Francois Blvd, San Francisco, CA 94158   |  |   |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense/Website Subscription  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
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| Date  | Payee name   |  |   |                               |               |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense             |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
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| Date  | Payee name   |  |   |                               |               |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense             |   |                               |               |
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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought  | Office held   |                               |               |

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