



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Yvonne Flores-Cale		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1,204.20
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,310.02
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 917.77
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300.00

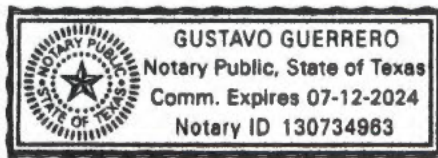
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Yvonne Flores-Cale*

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by YVONNE FLORES-CALE this the 10<sup>TH</sup> day of OCTOBER, 20 23, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Yvonne Flores-Cale

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

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 CONTRIBUTIONS	\$ 4,105.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.15



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Yvonne Flores-Cale		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2023	5 Full name of contributor Hunter Coleman out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Austin TX 78640	7 Amount of contribution (\$) <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/01/2023	Full name of contributor Chase Coleman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Austin TX 78731	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2023	Full name of contributor Luanne & Jack Carway out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2023	Full name of contributor Angelita & Rosalio Tobias out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Yvonne Flores-Cale		3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2023	5 Full name of contributor Kristen Gilbert out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City: Willis State: TX Zip Code 77318	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor Marissa Moses out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: Kyle State: TX Zip Code 78640	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor Jane Terrell out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: Kyle State: TX Zip Code 78640	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Yvonne Flores-Cale</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 155.00</b>	
5 Date  09/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Coleman</b> ..... 7 Contributor address;                      City;                      State;                      Zip Code <b>[REDACTED]                      Kyle                      TX                      78640</b>	8 Amount of Contribution \$  937.50	9 In-kind contribution description  billboard  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address;                      City;                      State;                      Zip Code	Amount of Contribution \$	In-kind contribution description  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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                        | 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: 3	<b>2</b> FILER NAME Yvonne Flores-Cale	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/14/2023	<b>5</b> Payee name Pak Mail	
<b>6</b> Amount (\$) 589.19	<b>7</b> Payee address; City; State; Zip Code 1101 Thorpe Ln San Marcos TX 78666	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 09/04/2023	Payee name Super Cheap Signs	
Amount (\$) 660.33	Payee address; City; State; Zip Code 9200 Waterford Center Austin TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 09/02/2023	Payee name New Standard Manufacturing	
Amount (\$) 662.50	Payee address; City; State; Zip Code 209 E Ben White Blvd Austin TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Shirts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**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	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: 3	<b>2</b> FILER NAME Yvonne Flores-Cale	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/08/2023	<b>5</b> Payee name Pak Mail	
<b>6</b> Amount (\$) 615.00	<b>7</b> Payee address: City: State: Zip Code 1101 Thorpe Ln San Marcos TX 78666	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2023	Payee name www.bannerbuzz.com	
Amount (\$) 403.26	Payee address: City: State: Zip Code 595 Old Norcross RD Suite G Lawrence GA 30046	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description banner and table cloth
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2023	Payee name www.bannerbuzz.com	
Amount (\$) 227.26	Payee address: City: State: Zip Code 595 Old Norcross RD Suite G Lawrence GA 30046	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description car decals and stickers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | 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: 3	<b>2</b> FILER NAME Yvonne Flores-Cale	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/01/2023	<b>5</b> Payee name Pak Mail	
<b>6</b> Amount (\$) 241.71	<b>7</b> Payee address: 1101 Thorpe Ln	City: San Marcos State: TX Zip Code: 78666
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): Printing Expense	<b>(b)</b> Description signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 08/26/2023	Payee name Pak Mail	
Amount (\$) 240.00	Payee address: 1101 Thorpe Ln	City: San Marcos State: TX Zip Code: 78666
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Printing Expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 09/12/2023	Payee name Pak Mail	
Amount (\$) 466.57	Payee address: 1101 Thorpe Ln	City: San Marcos State: TX Zip Code: 78666
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Printing Expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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

**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 Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>1</b>
2 FILER NAME <b>Yvonne Flores-Cale</b>		3 Filer ID (Ethics Commission Filers)
4 Date  08/31/2023	5 Name of person from whom amount is received <b>RBFCU</b> <hr/> 6 Address of person from whom amount is received; City; State; Zip Code 20613 IH-35 N. Kyle TX 78640	8 Amount (\$)  <b>0.15</b>
7 Purpose for which amount is received interest on bank account		Check if political contribution returned to filer
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer
Date	Name of person from whom amount is received  <hr/> Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer

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