

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME REYNALDO V. FLORES 16 ACCOUNT # (Ethics Commission Filers) N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

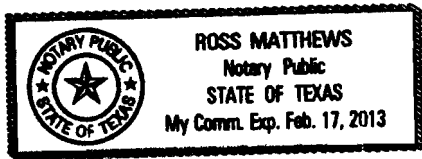
 additional pages

- 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. -

COMMITTEE TYPE	COMMITTEE NAME	COLLIN COUNTY ELECTIONS ADMINISTRATION 10 JAN 19 PM 3:42
<input type="checkbox"/> GENERAL	<u>N/A</u>	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,184.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Reynaldo V. Flores
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Reynaldo Flores, this the 15 day of January, 20 10, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Ross Matthews Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
1

2 FILER NAME

REYNALDO V. FLORES

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

12/29/09

5 Payee name

DPCC Primary Fund

6 Payee address; City; State; Zip Code

2504 K Ave. Ste 200 Plano, TX 75074

7 Purpose of expenditure (See instructions regarding type of information required.)

Filing Fee

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$1,000.00

Reimbursement from political contributions intended

Date

12/28/09

Payee name

GoDaddy.com

Payee address; City; State; Zip Code

14455 N. Hayden Rd #219 Scottsdale AZ. 85260

Purpose of expenditure (See instructions regarding type of information required.)

Set up website

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$186.28

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

COLLIER COUNTY
 ELECTIONS ADMINISTRATION
 10 JAN 1 2010 3:42