

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Frank	MI
	NICKNAME	LAST Flores	SUFFIX III
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	324 Kissling Ave. Robstown Tx. 78380		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	726-8408	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Frank	MI
	NICKNAME	LAST Flores	SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	324 Kissling Ave. Robstown, TX. 78380		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	726-8408	
9 REPORT TYPE	<input checked="" 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)		
	<input 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)		
10 PERIOD COVERED	Month	Day	Year
	11	/08	/2019
		THROUGH	
		Month	Day
		12	/31
		Year	/2020
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		03	/03
		/2020	
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)		
	Nueces County Custodial #5		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
	Nueces County Constable Pat 5		

OFFICE USE ONLY

Date Received

RECEIVED

NOV 08 2019

KARA SANDS
CLERK OF THE COUNTY COURT
NUECES COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

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