

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST MI Elaine L. Nickname: Flores LAST SUFFIX	OFFICE USE ONLY Date Received  Date Hand-delivered Date Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 821 E. Jackson Harlingen, Tx 78550		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 893-2708		
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR FIRST MI Janie F. Nickname: Tallon LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1021 Jim Hogg Harlingen, Tx. 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 536-4453		
9 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) <input type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year 04 / 09 / 2010 THROUGH 04 / 30 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 05 / 08 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Commissioner - Dist. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Elaine L. Flores 16 ACCOUNT # (Ethics Commission Filers)

17 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.

GENERAL

SPECIFIC

additional pages

COMMITTEE TYPE

COMMITTEE NAME

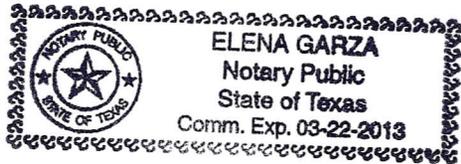
COMMITTEE ADDRESS

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	\$ 805.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6705.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



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.

Elaine L. Flores
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elaine Flores, this the 30th day of April, 20 10, to certify which, witness my hand and seal of office.

Elena Garza
Signature of officer administering oath

Elena Garza
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Elaine L. Flores</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/25/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bert and Jaimie Wolf</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1101 Ferguson Harlingen, Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McCullough and McCullough</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Atty. at Law PO Box 2244 Harlingen, TX 78551-2244</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Col. H. WM. Card and Mrs. H.WM. Card</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>105 E. Austin AVE. Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/6/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Kim</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5806 Acacia Harlingen, TX 78552-2247</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank N. Boggus</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 1111 Harlingen, TX 78551</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Elaine L. Flores		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jo Rae Wagner	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3010 Pinehurst Harlingen, TX. 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt Gorges	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1275 N. Start Place Rd. Harlingen, TX. 78552-4290		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Franklin R. Painter	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2821 Clifford St. Harlingen, TX. 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wendell F. and Alicia E. Johnson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 825 N. 5th St. Harlingen, TX. 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Pace Bonner	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 426 E. Woodland Dr. Harlingen, TX. 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

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2 FILER NAME ELAINE L. FLORES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/16/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob and Lynn Murphy	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 417 Retama PLACE Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patsy C Johnson and Orrin W. Johnson	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 E. VAN BUREN Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joan White	Amount of contribution (\$) \$ 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 418 Woodland Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARtha Stockley UHLHORN	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 S. Hwy 77 Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julie Uhlhorn Allen	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP Harlingen TX 78550-8320		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <i>Elaine L. Flores</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/19/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward C. and Dee S. Davis</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1401 Palm Valley Dr. East Harlingen, TX 78552</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/19/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robinson, Duffy & Barnard, LLP</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1906 E. Tyler Ave. Suite "C" Harlingen, TX 78550-7109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marcus Phipps Real Estate LLC</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>623 E. Tyler Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/16/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Heriberto and Darlene Medrano</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2009 E. Harrison - Ste. B Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tudor Uihorn</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2601 S. 77 Sunshine Strip Harlingen, TX 78550-8320</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <i>Elaine L. Flores</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/20/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William L. Eliff</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>159 S. Nueces Park Harlingen, TX. 78552</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Gray and Nancy Gray</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>429 E. woodland Dr. Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H w Card III</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>422 WOODLAND DR. Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Peacock</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 530098 Harlingen, TX, 78553 - 0098</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Woodford G. Spillman</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1117 N. 1st St. Harlingen, TX. 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <i>Elaine L. Flores</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/22/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Kori Marra</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>315 E. Jackson Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>R.W. Shepard</i>	Amount of contribution (\$) <i>\$258.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>Papaya Cir. Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

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2 FILER NAME <i>ELAINE L. FLORES</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/22/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DAVID Q. DAY</i>	7 Amount of contribution (\$) <i>\$ 100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>222 E. VAN BUREN Street Suite 703 HARLINGEN TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Johnathan M. Meade and Elena Meade</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>427 Woodland Harlingen TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CONNIE DE LA GARZA</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>503 E. HARRISON HARLINGEN TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>B. Cantu Jr & MRS. M G Cantu</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1408 Pine Ct HARLINGEN TX 78550-4492</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FRANK N. Boggus</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 111 HARLINGEN TX 78551</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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