CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers) uide explains how to complete this form.	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Yolanda NICKNAME LAST SUFFIX Navarro- Flores	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4801 Irvington Blvd. Houston, Texas 77009 AREA CODE PHONE NUMBER EXTENSION (713) 691-0019	OCT -7 2019 CITY SECRETARY Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rubisela NICKNAME LAST SUFFIX Montelongo	Receipt # Amount \$ Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 4801 Irvington Blvd. Houston, Texas 77009				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 691-0019				
9 REPORT TYPE	January 15 X 30th day before election Runoff July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month 08 15 2019 THROUGH 09 /	26 Year 2019			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description X General Special				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known Coty of Houston Co	uncil At Large Position 1			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Yolanda Navarro 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME	-		
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 259.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 72.00		
	4. TOTAL	\$ 259,00			
CONTRIBUTION BALANCE	5. TOTAL P	\$ 0			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ 0			
18 AFFIDAVIT			·		
18 AFFIDAVII	MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	I swear, or affirm, under penalty of perjutrue and correct and includes all informunder Title 15, Election Code.	ation required to be reported by me		
AFFIXITION TO STATE STAT	A ABOVE	Gulauda Navarr Signature of Candida			
Sworn to and subscribed before me, by the said Yolanda Navavvo Floves , this the 7th					
day of October, 2019, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Rubisela Monkelongo Notary Publics Title of officer administering oath					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:			
2 FILER NAME	Yolanda Navarro Flores	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ☐ out-of-state PAC Yolanda Navarro Flores	(ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City; State 4801 Irvington Blvd. Houston, Tex	259.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.