

**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	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Monica	MI Flores	OFFICE USE ONLY Date Received JUL 19 2017
	NICKNAME	LAST Flores Richard	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 701333 Houston, TX 77270		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Marisa	MI F.	Date Processed
	NICKNAME	LAST Lawson	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2818 Nottingham St.		APT / SUITE #;	CITY; STATE; ZIP CODE Houston TX 77005
7 CAMPAIGN TREASURER PHONE	AREA CODE 713	PHONE NUMBER 705 0378	EXTENSION	
8 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 checked="" 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)
9 PERIOD COVERED	Month Day Year 03/07/2017	THROUGH	Month Day Year 06/30/2017	
10 ELECTION	ELECTION DATE Month Day Year 11/07/2017		ELECTION TYPE	
			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Place HISD District 1 Trustee	

GO TO PAGE 2

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

FORM CIOH
COVER SHEET PG 2

2 of 15

13 C / OH NAME Flores Richart, Monica

14 Filer ID

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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

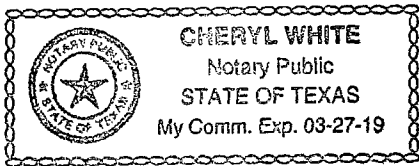
SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,565.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	5,996.59
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,765.41
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$,197.00

17 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Flores, this the 17 day of July, 20 17, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering
 Cheryl White Printed name of officer administering
 Notary Title of officer administering oaths

SUBTOTALS - C/OH

18 FILER NAME Flores Richart, Monica		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,565.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,197.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,996.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 04/18/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Efran	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Houston, TX 77079		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Baker Botts LLP
Date 06/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerasuolo, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cale, Emily	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, David	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Olga	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code San Antonio, TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 06/30/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores-Lawson, Marisa 6 Contributor address; City; State; Zip Code Houston, TX 77036	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 06/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Belkis Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Research		Employer (See Instructions) Independent Consultant
Date 05/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiefer, Lea Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Science Specialist		Employer (See Instructions) VA
Date 06/16/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Land, Kelly Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Angela Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) Houston Ballet

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 04/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Marisa 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Group 1 Automotive
Date 05/26/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Susan Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrail, Patty Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natt, Wendy Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins & Mott, LLP Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 04/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Javier 6 Contributor address; City; State; Zip Code Houston, TX 77016	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Talento Bilingue Houston
Date 06/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piggee, Howard Contributor address; City; State; Zip Code Oak Park, IL 60302	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porres, Esther Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Misc.		Employer (See Instructions) Self
Date 06/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porres, Esther Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Misc.		Employer (See Instructions) Self
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds-Hausman, Tiko Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TKO Business Solutions, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 05/19/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richart, Jene 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosin, Kelly Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Heights Preschool
Date 06/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Graciela Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Graciela Saenz
Date 04/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Miguel, Charlie Contributor address; City; State; Zip Code Houston, TX 77014	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Jason Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 04/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Latina List 6 Contributor address; City; State; Zip Code Fort Worth, TX 76164	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theron Strategies LLC Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trautman, Hallie Diane Contributor address; City; State; Zip Code Humble , TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verma, Neil Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 10/15

2 FILER NAME

Flores Richart, Monica

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$0

5 Date of loan
04/18/2017

7 Name of lender out-of-state PAC (ID#: _____)
Flores Richart, Monica

9 Loan Amount (\$)
\$6,197.00

6 Is lender a financial institution?
No

8 Lender address; City; State; Zip Code
1038 Waverly St.
Houston, TX 77006

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)
Attorney

13 Employer (See Instructions)
Self

14 Description of Collateral
 None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 3(a)

Advertising Expense
Accounting/Banking
Consulting Expense
~~Contributions/Donations Made By -~~
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 11/15	2 FILER NAME Flores Richart, Monica	3 Filer ID
4 Date 04/18/2017	5 Payee name Bridge Strategies	
6 Amount (\$) \$2,100.00	7 Payee address; City; State; Zip Code 5106 W 43rd Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee A1
		Office held none
Date 05/19/2017	Payee name Bridge Strategies	
Amount (\$) \$2,100.00	Payee address; City; State; Zip Code 5106 W 43rd Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee D1
		Office held none
Date 03/20/2017	Payee name Clarke, Aijah	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 2400 Business Center Drive #512 Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee Dist. 1
		Office held none

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 12/15		2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 06/15/2017	5 Payee name Lindale Park Civic Club			
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 218 Joyce St. Houston, TX 77009			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee D.1 none				
Date 03/28/2017	Payee name Squarespace, Inc.			
Amount (\$) \$233.82	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee D.1 none				
Date 04/10/2017	Payee name Staples			
Amount (\$) \$6.20	Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee Dist. 1 None				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 13/15		2 FILER NAME Flores Richart, Monica		3 Filer ID
4 Date 04/10/2017	5 Payee name Staples			
6 Amount (\$) \$3.16	7 Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee Dist. 1 None				
Date 04/21/2017	Payee name Staples			
Amount (\$) \$12.40	Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee Dist. 1 None				
Date 05/12/2017	Payee name Staples			
Amount (\$) \$3.01	Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Monica Flores Richart HSD Trustee Dist. 1 None				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 14/15	2 FILER NAME Flores Richart, Monica	3 Filer ID
4 Date 05/13/2017	5 Payee name Staples	
6 Amount (\$) \$8.40	7 Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee Dist. 1
		Office held None
Date 06/16/2017	Payee name Staples	
Amount (\$) \$15.60	Payee address; City; State; Zip Code 1919 Taylor St. Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee Dist. 1
		Office held None
Date 05/08/2017	Payee name Texas Democratic Party	
Amount (\$) \$820.00	Payee address; City; State; Zip Code 1106 Lavaca St. #100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Van Access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HISD Trustee Dist. 1
		Office held None

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 15/15	2 FILER NAME Flores Richart, Monica	3 Filer ID
4 Date 03/07/2017	5 Payee name United States Post Office	
6 Amount (\$) \$94.00	7 Payee address; City; State; Zip Code 1300 W 19th St. Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Monica Flores Richart	Office sought HSD Trustee Dist. 1
		Office held None