

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:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. FIRST YVONNE MI R NICKNAME LAST FLORES-CALE SUFFIX				OFFICE USE ONLY								
	ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: KYLE STATE: TX ZIP CODE 78640				Date Received RECEIVED <i>By Jennifer Kirkland at 12:55 pm, Oct 06, 2025</i>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	[REDACTED]				Date Hand-delivered or Date Postmarked								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE [REDACTED] PHONE NUMBER [REDACTED] EXTENSION				Receipt # Amount \$								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. FIRST YVONNE MI R NICKNAME LAST FLORES-CALE SUFFIX				Date Processed								
	[REDACTED]				Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [REDACTED] APT / SUITE #: CITY: KYLE STATE: TX ZIP CODE 78640												
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED] PHONE NUMBER [REDACTED] EXTENSION												
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)												
10 PERIOD COVERED	Month Day Year 7 1 25 THROUGH Month Day Year 9 25 25												
11 ELECTION	ELECTION DATE Month Day Year 11 4 25 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special												
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) MAYOR										
14 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

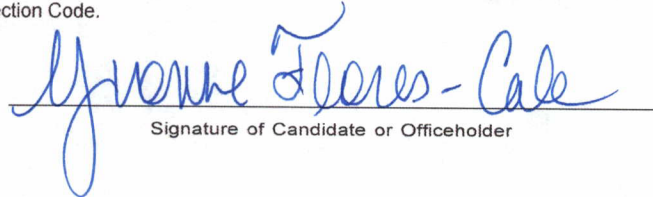
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
YVONNE FLORES-CALE

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 21.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,704.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 462.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,390.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 337.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

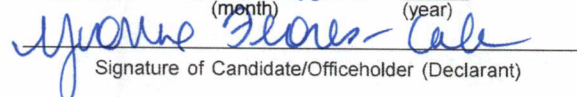
OR

(2) Unsworn Declaration

My name is Yvonne Flores-Cale, and my date of birth is [REDACTED]

My address is [REDACTED], Kyle (city), Tx (state), 78640 (zip code), USA (country)

Executed in Hays County, State of Texas, on the 5th day of October, 2025.


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****YVONNE FLORES-CALE****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,683.74
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,928.21
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME YVONNE FLORES-CALE		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2025	5 Full name of contributor EDWARD COLEMAN out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City; State; Zip Code AUSTIN TX 78735	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor SUANNE STARCK out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code KYLE TX 7840	Amount of contribution (\$) 27.04
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2025	Full name of contributor THOMAS MURRAY out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code KYLE TX 78640	Amount of contribution (\$) 103.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor LESLIE O'PRY out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City; State; Zip Code KYLE TX 78640	Amount of contribution (\$) 53.50
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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME YVONNE FLORES-CALE	3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2025	5 Payee name BANNERBUZZ	
6 Amount (\$) 971.81	7 Payee address; 16192 Coastal Highway,	City; Lewes, State; DE Zip Code 19959
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/21/2025	Payee name CANVA	
Amount (\$) 572.00	Payee address; 2140 S Dupont Highway	City; Camden State; DE Zip Code 19934
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description PRINT MATERIAL
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/22/2025	Payee name VISTA PRINT	
Amount (\$) 384.40	Payee address; 95 HAYDEN AVE	City; LEXINGTON State; MA Zip Code 02421
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T SHIRTS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Yvonne Flores-Cale</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report due on 10/6/2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Yvonne Flores-Cale and my date of birth is [REDACTED].
My address is [REDACTED] (street), Kyle (city), Tx (state), 78090 (zip code), USA (country).
Executed in Hays County, State of Texas, on the 5th day of October, 2025.
Signature of Filer (Declarant) Yvonne Flores-Cale

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**