

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ms. Yolanda Navarro Flores

15 ACCOUNT # (Ethics Commission filers)

21063

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures 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

COMMITTEE ADDRESS

 SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

 additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION TOTALS**

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19750.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 69.88
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4.	TOTAL POLITICAL EXPENDITURES	\$ 32386.69
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OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32427.31
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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.

Yolanda Navarro Flores

 Signature of Candidate or Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/18	
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063	
4 Date 03/04/0004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ronald Book 6 Contributor address; City; State; Zip Code Aventura FL 33180	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/08/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jose Flores Contributor address; City; State; Zip Code Houston TX 77012	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Castillo Campaign Contributor address; City; State; Zip Code Houston TX 77023	Amount of contribution (\$) 1200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linda Morales Contributor address; City; State; Zip Code Houston TX 77023	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke, Lidell & Sapp L.L.P. Contributor address; City; State; Zip Code Houston TX 77002	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/18	
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063	
4 Date 02/29/0004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roman Martinez 6 Contributor address; City; State; Zip Code Houston TX 77009	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable) phone bank program
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/03/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roman Martinez Contributor address; City; State; Zip Code Houston TX 77009	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) phone bank program
Principal occupation (Optional)		Employer (Optional)	
Date 03/06/0004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roman Martinez Contributor address; City; State; Zip Code Houston TX 77009	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable) phone bank program
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/01/0004	5 Payee name Allied Signs 6 Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio TX 78212	7 Amount (\$) 2556.21
8 Purpose of expenditure (See instructions regarding type of information required.) signs		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name Alpha Laser Payee address; City; State; Zip Code 7230 Wynnpark Drive Houston TX 77008	Amount (\$) 476.14
Purpose of expenditure (See instructions regarding type of information required.) printer repair		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/29/0004	Payee name Oralia Anderson Payee address; City; State; Zip Code 1314 Smallwood Houston TX 77023	Amount (\$) 112.50
Purpose of expenditure (See instructions regarding type of information required.) phone bank		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name Oralia Anderson Payee address; City; State; Zip Code 1314 Smallwood Houston TX 77023	Amount (\$) 274.50
Purpose of expenditure (See instructions regarding type of information required.) phone bank		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/08/0004	5 Payee name Oralia Anderson 6 Payee address; City; State; Zip Code 1314 Smallwood Houston TX 77023	7 Amount (\$) 288.00
8 Purpose of expenditure (See instructions regarding type of information required.) Phonebanking		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/0004	Payee name BNet Radio Payee address; City; State; Zip Code 1110 Hackney Houston TX 77023	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) radio ads		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name Burns Printing Payee address; City; State; Zip Code 10880 Alcott Houston TX	Amount (\$) 3297.76
Purpose of expenditure (See instructions regarding type of information required.) printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/04/0004	Payee name Challenge Office Products Payee address; City; State; Zip Code 4400 South Wayside Houston TX 77087	Amount (\$) 168.64
Purpose of expenditure (See instructions regarding type of information required.) office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/18

2 FILER NAME
Ms. Yolanda Navarro Flores

3 ACCOUNT # (Ethics Commission filers)
21063

4 Date 02/29/0004	5 Payee name Alvera Elias 6 Payee address; City; State; Zip Code 1009 S. Richey Pasadena TX 77506	7 Amount (\$) 136.50
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8 Purpose of expenditure (See instructions regarding type of information required.) phone bank	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/01/0004	Payee name Alvera Elias Payee address; City; State; Zip Code 1009 S. Richey Pasadena TX 77506	Amount (\$) 267.00
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Purpose of expenditure (See instructions regarding type of information required.) phone bank	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/08/0004	Payee name Alvera Elias Payee address; City; State; Zip Code 1009 S. Richey Pasadena TX 77506	Amount (\$) 270.00
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Purpose of expenditure (See instructions regarding type of information required.) Phonebanking	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/02/0004	Payee name Grape Ape Media Payee address; City; State; Zip Code 2735 Triway Lane Houston TX 77043	Amount (\$) 2115.21
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Purpose of expenditure (See instructions regarding type of information required.) mailer design	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/04/0004	5 Payee name Grape Ape Media 6 Payee address; City; State; Zip Code 2735 Triway Lane Houston TX 77043	7 Amount (\$) 1672.46
8 Purpose of expenditure (See instructions regarding type of information required.) mailer design		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name Linda Morales & Associates Payee address; City; State; Zip Code Pease St. Houston TX 77023	Amount (\$) 2437.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for media ads		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/0004	Payee name George Mendoza Payee address; City; State; Zip Code Eleanor Houston TX 77009	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Office support		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/02/0004	Payee name Micro Center Payee address; City; State; Zip Code 1717 West Loop South Houston TX 77027	Amount (\$) 57.36
Purpose of expenditure (See instructions regarding type of information required.) printing supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 02/29/0004	5 Payee name Elida Muniz 6 Payee address; City; State; Zip Code 7137 1/2 Ave F Houston TX 77011	7 Amount (\$) 256.50
8 Purpose of expenditure (See instructions regarding type of information required.) phone bank	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/01/0004	Payee name Elida Muniz Payee address; City; State; Zip Code 7137 1/2 Ave F Houston TX 77011	Amount (\$) 201.00
Purpose of expenditure (See instructions regarding type of information required.) phone bank	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/08/0004	Payee name Elida Muniz Payee address; City; State; Zip Code 7137 1/2 Ave F Houston TX 77011	Amount (\$) 298.50
Purpose of expenditure (See instructions regarding type of information required.) Phonebanking	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/05/0004	Payee name Juan Perez Payee address; City; State; Zip Code 7723 Elm Houston TX 77023	Amount (\$) 307.91
Purpose of expenditure (See instructions regarding type of information required.) Signs labor and expenses	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/09/0004	5 Payee name Juan Perez 6 Payee address; City; State; Zip Code 7723 Elm Houston TX 77023	7 Amount (\$) 260.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sign labor	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 02/29/0004	Payee name Reliant Energy Payee address; City; State; Zip Code P.O. Box 3785 Houston TX 77253	Amount (\$) 367.94
Purpose of expenditure (See instructions regarding type of information required.) Electric bill for campaign office - 1815 Telephone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/02/0004	Payee name Rudy Signs Payee address; City; State; Zip Code 720 Martin Houston TX 77018	Amount (\$) 750.00
Purpose of expenditure (See instructions regarding type of information required.) signs	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 03/05/0004	Payee name Rudy Signs Payee address; City; State; Zip Code 720 Martin Houston TX 77018	Amount (\$) 750.00
Purpose of expenditure (See instructions regarding type of information required.) Signs	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/02/0004	5 Payee name South Belt Leader 6 Payee address; City; State; Zip Code 11555 Beamer Houston TX 77089	7 Amount (\$) 176.00
8 Purpose of expenditure (See instructions regarding type of information required.) newspaper ad		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/09/0004	Payee name Supreme Sandwich Payee address; City; State; Zip Code 804 Milam Houston TX 77002	Amount (\$) 161.29
Purpose of expenditure (See instructions regarding type of information required.) lunch for workers on election day		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/02/0004	Payee name T & L T-Shirts Payee address; City; State; Zip Code 5127 Fulton Houston TX 77009	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) t-shirts		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/05/0004	Payee name T & L T-Shirts Payee address; City; State; Zip Code 5127 Fulton Houston TX 77009	Amount (\$) 194.94
Purpose of expenditure (See instructions regarding type of information required.) t-shirts		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
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2 FILER NAME
Ms. Yolanda Navarro Flores

3 ACCOUNT # (Ethics Commission filers)
21063

4 Date 03/02/0004	5 Payee name Renee Trahan 6 Payee address; City; State; Zip Code 810 Martin Houston TX 77007	7 Amount (\$) 30.00
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8 Purpose of expenditure (See instructions regarding type of information required.) block walking	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/04/0004	Payee name Renee Trahan Payee address; City; State; Zip Code 810 Martin Houston TX 77007	Amount (\$) 40.00
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Purpose of expenditure (See instructions regarding type of information required.) block walk	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/05/0004	Payee name Renee Trahan Payee address; City; State; Zip Code 810 Martin Houston TX 77007	Amount (\$) 40.00
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Purpose of expenditure (See instructions regarding type of information required.) blockwalking	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/06/0004	Payee name Renee Trahan Payee address; City; State; Zip Code 810 Martin Houston TX 77007	Amount (\$) 40.00
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Purpose of expenditure (See instructions regarding type of information required.) block walk	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 14/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/09/0004	5 Payee name Two Way Radio 6 Payee address; City; State; Zip Code 5805 Centralcrest Houston TX 77092	7 Amount (\$) 259.80
8 Purpose of expenditure (See instructions regarding type of information required.) two-way radios for election day		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/29/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 2100.00
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 87.65
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/03/0004	5 Payee name U. S. Postmaster 6 Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	7 Amount (\$) 1000.00
8 Purpose of expenditure (See instructions regarding type of information required.) postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/03/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 570.00
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/04/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 111.00
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/04/0004	Payee name U. S. Postmaster Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	Amount (\$) 1475.00
Purpose of expenditure (See instructions regarding type of information required.) postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 16/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/04/0004	5 Payee name U. S. Postmaster 6 Payee address; City; State; Zip Code Barbara Jordon Main PO Houston TX 77201	7 Amount (\$) 80.00
8 Purpose of expenditure (See instructions regarding type of information required.) postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/03/0004	Payee name Univision Radio Payee address; City; State; Zip Code 1415 North Loop West #550 Houston TX 77008	Amount (\$) 1490.00
Purpose of expenditure (See instructions regarding type of information required.) radio ads		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/09/0004	Payee name Univision Radio Payee address; City; State; Zip Code 1415 North Loop West #550 Houston TX 77008	Amount (\$) 1990.00
Purpose of expenditure (See instructions regarding type of information required.) Radio ads		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/29/0004	Payee name VT2 Media Design Payee address; City; State; Zip Code 2401 West Bellfort Houston TX 77054	Amount (\$) 2400.00
Purpose of expenditure (See instructions regarding type of information required.) Production of television ad		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 17/18
2 FILER NAME Ms. Yolanda Navarro Flores		3 ACCOUNT # (Ethics Commission filers) 21063
4 Date 03/05/0004	5 Payee name Elizabeth Zermeno 6 Payee address; City; State; Zip Code 1023 Huffman Houston TX 77020	7 Amount (\$) 200.00
8 Purpose of expenditure (See instructions regarding type of information required.) Office support		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

TEXT ANNOTATION

Information entered by filer as a memo

Schedule COH remaining balance \$40.17