


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |                                       |   |   |
|---|--|---------------------------------------|---|---|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |  | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:  |   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                       | MS / MRS / MR  | FIRST                                 | MI  | <b>OFFICE USE ONLY</b><br><br><br><br><b>APR 01 2026</b><br><br>ADMINISTRATION DEPARTMENT<br>CITY OF HARKER HEIGHTS, TEXAS |
|   | Ms   | Roxanne                               |   |   |
| NICKNAME  | LAST   | SUFFIX                                |   |   |
|   | Flores   |                                       |   |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |                                       |   |   |
| <input type="checkbox"/> Change of Address                            | Po Box 2268 Harker Heights TX 76548  |                                       |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                      | AREA CODE  | PHONE NUMBER                          | EXTENSION   |   |
|   | ( 254 )  | 220-5600                              |   |   |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR  | FIRST                                 | MI  |   |
|   | Mrs  | Yesenia V                             |   |   |
| NICKNAME  | LAST   | SUFFIX                                |   |   |
|   | Mercado  |                                       |   |   |
| 7 CAMPAIGN TREASURER ADDRESS  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |                                       |   |   |
| (Residence or Business)   | 202 W Central TX Expwy Ste 102 Killeen TX 76541  |                                       |   |   |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE  | PHONE NUMBER                          | EXTENSION   |   |
|   | ( 254 )  | 251-6832                              |   |   |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                       |   |   |
| 10 PERIOD COVERED   | Month  | Day                                   | Year  |   |
|   | 01   | 01                                    | 2026  |   |
|   | THROUGH  |                                       | Month Day Year  |   |
|   | THROUGH  |                                       | 03 / 23 / 2026  |   |
| 11 ELECTION   | ELECTION DATE  |                                       | ELECTION TYPE   |   |
|   | Month  | Day                                   | Year  |   |
|   | 05   | 02                                    | 2026  |   |
|   |  |                                       | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE   | OFFICE HELD (if any)   |                                       | 13 OFFICE SOUGHT (if known)   |   |
|   |  |                                       | Harker Heights City Council Place 4   |   |
| 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.  |                                       |   |   |
|   | COMMITTEE TYPE   | COMMITTEE NAME                        |   |   |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                     |   |   |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME     |   |   |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |   |
| <input type="checkbox"/> Additional Pages                             |  |                                       |   |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

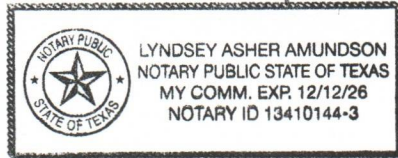
FORM C/OH  
COVER SHEET PG 2

|                                       |   |  |
|---------------------------------------|---|--|
| 15 C/OH NAME<br><b>Roxanne Flores</b> |   | 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) | \$ 100                                 |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 100                                 |
| EXPENDITURE TOTALS                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 72.53                               |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 72.53                               |
| CONTRIBUTION BALANCE                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$                                     |
| 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.

*Roxanne Flores*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Roxanne Flores this the 1 day of April, 2026, to certify which, witness my hand and seal of office.

Lyndsey Amundson      Lyndsey Amundson      HR Compensation  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><b>Roxanne Flores</b>    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 100                                 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 72.53                               |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> 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:                      |
| 2 FILER NAME<br><b>Roxanne Flores</b>                     |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jan Anderson</b> | 7 Amount of contribution (\$)<br><br><b>100</b> |
| 6 Contributor address; City; State; Zip Code              |  |   |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                     |
| Contributor address; City; State; Zip Code                |  |   |
| 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 (\$)                     |
| Contributor address; City; State; Zip Code                |  |   |
| 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 (\$)                     |
| Contributor address; City; State; Zip Code                |  |   |
| 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.