CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00080439	sion Filers)	2 Total pages fil 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Peter P.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	Pete	Flores		SUFFIX	0172172020	
4 0411010475 /			.,	710.0005	Date Hand delivered or	- Data Daatmarkad
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / 1 E Greenway Plaza St 22		Υ;	ZIP CODE	Date Hand-delivered or Receipt #	Amount
ADDRESS	11					
Change of Address	Houston, TX 77046				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	James E.				
	NICKNAME	LAST		SUFFIX		
		Flores				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE).	APT	// SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	1 E Greenway Plaza Ste 2		7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	(TZ, Z.II 005Z
(Residence or Business)	Houston, TX 77046					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (713) 526-3399	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Senator District 24			State Senator Di	strict 24	
	1			I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Flores, Peter P. (The	Honorable)	14 Filer ID 00080439	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informat	ut the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 9,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 57,998.41
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 21,899.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	
		The Ho	onorable Peter P. Flore	es
		Signature	of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

CC	OVER SHEET PG 3 3 of 21
18 FILER NAME Flores, Peter P. (The Honorable) 19 Filer ID 00080439	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 56,072.15
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,926.26
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/21		
2	FILER NAME Flores, Pete	er P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 06/30/2023	 Full name of contributor out-of-state PAC (ID#:_Ancira Strategic Partners LLP Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occi	apadon / 300 tille (3ee instructions)	Employer (See Instructions	')		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ The PAC of the Independent Bankers Association Contributor address; City; State; Zip Code	on of Texas		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	<u> </u>		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/14 Rpt: 5/21			r P. (The Hono	rable)					00080439	`	ŕ
4	Date	5	Payee name									
	02/07/2023		American Ex	press								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$986.92		PO Box 650	448								
			Dallas, TX 7	5265								
8	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Credit Card					=			nplete Schedule T.	
								Campaign Cr		officeholder livin		
								Campaign Ci	eui	il Calu Payi	HEHL	
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office soug	thr			Office h	eld.	
_	expenditure to benefit C/OI					zmoc sou(J''L			Office II		
	Date		Payee name									
	03/07/2023		American Ex	press								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$1,390.53		PO Box 650	448								
			Dallas, TX 7	5265								
	PURPOSE	(a)	Category (See	e Categories listed at t	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Credit Card					_			nplete Schedule T.	
								_		officeholder livin		
								Campaign Cr	eui	il Calu Payi	пен	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	thr			Office h	eld	
	expenditure to benefit C/OI					,,,,,,,	gc			CC	0.0	
	Date	Г	Payee name									
	04/06/2023		American Ex	press								
	Amount (\$)	\vdash	Payee addres	s; City;	State:	Zip Co	de					
	\$290.00		PO Box 650	-	•	•						
			Dallas, TX 7	5265								
	PURPOSE	(a)	Category (See	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Credit Card		•	·		Check if travel			nplete Schedule T.	
	EXI ENDITORE							_		officeholder livin		
								Campaign Cr	ea	ı Card Payı	nent	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	thr			Office h	eld	
	expenditure to benefit C/OI						,			20011		
_												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Filers)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Repayment/Reimbursement
Overhead/Rental Expense
J Expense
g Expense
g Expense
sexWages/Contract Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 7/21	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	02/01/2023	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consulting Fees Campaign
<u>_</u>	Operation Objects "	On didn't 10 ff a halden name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fees Campaign
		Consuming 1 cos campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davis same
	Date	Payee name
	04/01/2023	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consulting Fees Campaign
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME	;	3 Filer ID	(Ethics Commission Filers)
Sch: 4/14 Rpt: 8/21	Flores, Peter P. (The Honorable)		00080439	
4 Date	5 Payee name			
05/01/2023	Blakemore & Associates			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$2,500.00	1 E Greenway Plaza Ste 225			
	Houston, TX 77046			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Consulting Expense		utside of Texas. Com	olete Schedule T.
EXPENDITURE		. –	TX, officeholder living	expense
		Consulting Fe	es Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou DH	ught	Office he	eld
Date	Payee name			
06/01/2023	Blakemore & Associates			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2,500.00	1 E Greenway Plaza Ste 225			
	Houston, TX 77046			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense	_ _	utside of Texas. Com	
		Consulting Fe	TX, officeholder living	expense
		Consulting Fe	es Campaign	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office he	ald.
expenditure to benefit C/0		agrit	Office fic	iu .
Date	T. Pausa nama			
01/31/2023	Payee name City Of Austin Utilities			
	<u> </u>			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$241.94	4815 Mueller Blvd			
	Austin, TX 78723			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	l <u> </u>	utside of Texas. Com TX, officeholder living	
		Campaign Util		СХРСПОС
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/0				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 9/21	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	03/03/2023	City Of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.61	4815 Mueller Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Campaign Utilities
		Campaign Cantes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/03/2023	City Of Austin Utilities
_	Amount (\$)	Payee address; City; State; Zip Code
	\$143.64	4815 Mueller Blvd
	Ψ143.04	4013 Midelier Divu
		Austin, TX 78723
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Campaign Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	05/02/2023	City Of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.17	4815 Mueller Blvd
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Campaign Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME Flores, Peter P. (The Honorable) 3 Filer ID (Ethics Commission Filers) Sch. 614 Rpt. 10/21 5 Payee andress: City of Austin Utilities City Of Austin Utilities 7 Payee address: City State; Zip Code 415 Mucller Blvd Austin, TX 78723 8 PURPOSE OF EXPENDITURE (a) Category (pac Categories litered at the top of this schwalze) (b) Description City City Grant Campaign Utilities 9 Complete ONLY if direct expenditure to benefit C/OH Date 01/19/2023 Payee address: City State; Zip Code Amount (\$) Payee name Flores, Pete Amount (\$) Payee address: City State; Zip Code 111 Live Oak Dr Travel in District Candidate/Officeholder name Office sought Office held Date O2/24/2023 Payee address: City State; Zip Code 111 Live Oak Dr Travel in District Candidate/Officeholder name Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Nancy Kampe Nancy Kampe Nancy Kampe Nancy Kampe Pos of this schwalze Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Nancy Kampe Nancy Kampe Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Office sought Office held Date O2/24/2023 Payee name Office sought Office held Office held Date O2/24/2023 Payee name Office held Office held		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Sch: 6/14 Rpt: 10/21 Flores, Peter P. (The Honorable) 00080439 4 Date	_	T	· · · · · · · · · · · · · · · · · · ·	
City of Austin Utilities Amount (\$)	1			5)
City of Austin Utilities Amount (\$)	4	Date	5 Payee name	
Second S		05/31/2023	City Of Austin Utilities	
Office Overhead/Rental Expense	6	* *	4815 Mueller Blvd	
Check if travel outside of Texas. Complete Schedule T. Check if Austrin, TX, officeholder living expense Campaign Utilities	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 01/19/2023 Payee name Flores, Pete Amount (\$)			Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Date 01/19/2023 Payee name Flores, Pete Amount (\$)				
O1/19/2023 Flores, Pete Amount (\$) Payee address; City; State; Zip Code 111 Live Oak Dr Pleasanton, TX 78064 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sought Office hold Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code Po Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Office hold Office hold Office hold (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Lakeway, TX 78734 (b) Description Check if Lakeway, TX, 78734 Check if Lakeway, TX, 78734 Check if Lakeway, TX, 78734 Complete ONLY if direct Candidate/Officeholder name Office sought Office hold Office hold Office Sought Office hold Office Sought Office hold Office hold Office hold Office hold Office hold	9			
Amount (\$) Payee address; City; State; Zip Code Pleasanton, TX 78064 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Officeholder Mileage Complete QNLY if direct expenditure to benefit C/OH Date O2/24/2023 Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Complete ONLY if direct of travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held		Date	Pavee name	
\$403.75 111 Live Oak Dr Pleasanton, TX 78064 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Mileage Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date O2/24/2023 Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Camplete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held		01/19/2023		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if Tauvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Mileage Complete QNLY if direct expenditure to benefit C/OH Date 02/24/2023 Amount (\$) Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description (b) Description Check if Tauvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Mileage Complete ONLY if direct expenditure to benefit C/OH Date 02/24/2023 Amount (\$) Payee name Nancy Kampe Amount (\$) Po Box 341435 Lakeway, TX 78734 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$403.75	111 Live Oak Dr	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Mileage Complete ONLY if direct expenditure to benefit C/OH Date 02/24/2023 Amount (\$) Payee name Nancy Kampe Amount (\$) Po Box 341435 Lakeway, TX 78734 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
OF EXPENDITURE Travel In District Travel In				
Complete ONLY if direct expenditure to benefit C/OH Date O2/24/2023 Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH Date			I Travel III District	
Complete ONLY if direct expenditure to benefit C/OH Date				
Date 02/24/2023 Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Officeriolider wineage	
Date 02/24/2023 Payee name Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Nancy Kampe Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Amount (\$) Payee address; City; State; Zip Code PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Ode Ode City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Office held		Date	Payee name	
\$150.00 PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		02/24/2023	Nancy Kampe	
\$150.00 PO Box 341435 Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code	
Lakeway, TX 78734 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$150.00		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Lakeway, TX 78734	
EXPENDITURE Salaries/wages/Contract Labor Check if Austin, TX, officeholder living expense Campaign Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			1	
Complete ONLY if direct Candidate/Officeholder name Candidate/Office beld Candidate/Officeholder name Office sought Office held			Jaianes/Wages/Contract Labor	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		-		
			Campaign Contract Labor	
	_	0 1. 0		
•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/14 Rpt: 11/21	L	Flores, Pete	er P. (The Honor	able)					00080439	
4	Date	5	Payee name								
	01/09/2023		One Gas								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$56.81		1301 S. Mo	pac Expressway	/ Ste 400						
			Austin, TX 7	78746							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Exp		,		_		de of Texas. Com	
	_/							_		officeholder living	expense
								Campaign Uti	111116	రెం	
_	Complete ONLY if direct	<u> </u>	andidate/Off	ceholder name		Office com	lap+			Office he	old
9	Complete ONLY if direct expenditure to benefit C/Oh		zariuluate/OπI	Lenoider name		Office sou	agrit			Office ne	alu
	Date		Payee name								
	02/07/2023		One Gas								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$173.91		1301 S. Mo	pac Expressway	/ Ste 400						
			Austin, TX 7	78746							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental Exp		•				de of Texas. Com	
								_		officeholder living	expense
								Campaign Uti	mut	రెక	
_	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		Office sou	lapt			Office he	ald
	expenditure to benefit C/O		on whate/OIII	ocholuei Haille	C	7111CG 20U	agrit			Office He	Jiu
\vdash	Data	<u> </u>	Davis a reserve								
	Date 03/08/2023		Payee name One Gas								
		_		0:4:	<u> </u>	7: 0	- d -				
	Amount (\$)		Payee addres			Zip Co	oae				
	\$134.32		1301 2. MO	pac Expressway	/ SIE 400						
			Austin, TX 7	7 8746							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description			
	EXPENDITURE		Office Over	nead/Rental Exp	oense			_		de of Texas. Com officeholder living	
								X Check if Austin, Campaign Uti			ן באףכווטט
								- apaigii Ott			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l ught			Office he	eld
	expenditure to benefit C/Oh					32 000	J			200 //0	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
	Sch: 8/14 Rpt: 12/21	Flores, Peter P. (The Honorable) 00080439	
4	Date	5 Payee name	
	04/06/2023	One Gas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.23	1301 S. Mopac Expressway Ste 400	
		Austin, TX 78746	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Utilities	
		Sampaign Samos	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/05/2023	One Gas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.58	1301 S. Mopac Expressway Ste 400	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Utilities	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	06/06/2023	One Gas	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.08	1301 S. Mopac Expressway Ste 400	
	Ψ-το.00	2002 O. Mopuo Expressivay Oto 400	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense	
		Campaign Utilities	
	Commission ONU Wife allows	Condidate/Officeholder norse	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 9/14 Rpt: 13/21	Flores, Peter P. (The Honorable) 00080439		
4	Date	5 Payee name		
	01/09/2023	Raconteur Media Company		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$3,500.00	PO Box 26511		
		Austin, TX 78755		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Campaign Digital Consulting		
		Campaign Digital Concatang		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
F	Date	Payee name		
	02/03/2023	Raconteur Media Company		
┝	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,500.00	PO Box 26511		
	Ψ5,500.00	10 00 20011		
		Austin, TX 78755		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Campaign Digital Consulting		
		Campaign Digital Consulting		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	<u>'</u>		
	Date	Payee name		
	03/02/2023	Raconteur Media Company		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,500.00	PO Box 26511		
		Austin, TX 78755		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Campaign Digital Consulting		
\vdash	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct expenditure to benefit C/Ol	y		
<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 10/14 Rpt: 14/21	Flores, Peter P. (The Honorable) 00080439				
4	Date	5 Payee name				
	04/03/2023	Raconteur Media Company				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	PO Box 26511				
		Austin, TX 78755				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Campaign Digital Consulting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
3	expenditure to benefit C/Ol					
	Date	Payeo namo				
	05/03/2023	Payee name Raconteur Media Company				
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 26511				
	\$2,500.00	PO BOX 20311				
Austin, TX 78755						
					PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Digital Consulting				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
	Date	Payee name				
	06/01/2023	Raconteur Media Company				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00 PO Box 26511					
	Austin, TX 78755					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Consulting Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Campaign Digital Consulting				
	Operation ONE VIII II	Overstidets (Office healther research				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	T	· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1: Sch: 11/14 Rpt: 15/21	2 FILER NAME Flores, Peter P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080439				
4	Date	5 Payee name				
	04/14/2023	Right Lists Of Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,250.00	1 E Greenway Plaza Ste 225				
		Houston, TX 77046				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Campaign Voter List Subscription				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitate to beliefit 6/01	'				
	Date	Payee name				
	01/06/2023	Senate Ladies Club				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00 PO Box 12068					
		Austin, TX 78711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Event Tickets					
		Event rickets				
_						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	Data					
	Date	Payee name The Austin Club				
	01/03/2023	The Austin Club				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$755.50	110 E 9th St				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense				
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense				
		Campaign Fundraising Facilities From Prior Reporting Period				
_	Operation ONE VIII II					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
•	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 12/14 Rpt: 16/21	Flores, Peter P. (The Honorable) 00080439					
4 Date	5 Payee name					
02/16/2023	Williamson County Republican Party					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$250.00	PO Box 393					
	Round Rock, TX 78680					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
EXI ENDITORE	Candidate/Officeholder/Political Committee					
	Contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
01/01/2023	Woodmagic Properties LLC					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,750.00	\$2,750.00 PO Box 341435					
	Lakeway, TX 78734					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
	X Check if Austin, TX, officeholder living expense					
	Campaign Rent					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/01/2023	Woodmagic Properties LLC					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,775.00	\$2,775.00 PO Box 341435					
Lakeway, TX 78734						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
LA LADITORL	X Check if Austin, TX, officeholder living expense					
	Campaign Rent					
Complete CAU V & disc-t	Candidate/Officeholder name Office sought Office held					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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	3 Filer ID (Ethics Commission Filers)				
	Sch: 13/14 Rpt: 17/21	Flores, Peter P. (The Honorable)	00080439				
4	Date	5 Payee name					
	03/01/2023	Woodmagic Properties LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,750.00	PO Box 341435					
		Lakeway, TX 78734					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE		TX, officeholder living expense				
		Campaign Re	ent				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
	Date	Payee name					
	04/01/2023	Woodmagic Properties LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,750.00	PO Box 341435					
		Lakeway, TX 78734					
	DUDDOCE	· · · · · · · · · · · · · · · · · · ·					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.				
	EXPENDITURE	onioc overneda/rental Expense	TX, officeholder living expense				
		Campaign Re					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	- 1					
	Date	Payee name					
	05/01/2023	Woodmagic Properties LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,750.00	PO Box 341435					
	Ψ2,730.00	FO BOX 341433					
		Lakeway, TX 78734					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T.				
		Lx Check if Austin, Campaign Re	TX, officeholder living expense				
		Campaign Re	art.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/W	opense /ages/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
	Credit Card Payment		The Instruction Guide exp	olains how to co	mplete this form.		
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 18/21		er P. (The Honorable)			00080439	
4	Date	5 Payee name					
	06/01/2023		Properties LLC				
6	Amount (\$)	7 Payee addre		State; Zip Co	de		
	\$2,750.00	PO Box 34:	1435				
			n/ =0=0 /				
		Lakeway, T	X 78734				
8	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE	Office Over	head/Rental Expense			outside of Texas. Com , TX, officeholder living	
					Campaign Re		·
9	Complete ONLY if direct		ceholder name	Office sou	ght	Office he	eld
	expenditure to benefit C/OI	Н					

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 19/21 Flores, Peter P. (The Honorable) 00080439 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/28/2023 Aleksander Gallery Amount (\$) Payee address; State; Zip Code \$297.69 1803 Northridge Dr Austin, TX 78723 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/21/2023 Campaign Verify Amount (\$) Payee address; City; State; Zip Code \$95.00 1215 31st St NW Washington, DC 20007 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Text Messaging Verification Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 20/21 Flores, Peter P. (The Honorable) 00080439 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/08/2023 Capitol Gift Shop Amount (\$) Payee address; State; Zip Code \$195.00 1400 North Congress Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Constituent Gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/03/2023 **Pokejos** Payee address: Amount (\$) City; State; Zip Code \$770.26 1000 East 41st St Austin, TX 78751 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol Staff Meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 21/21 Flores, Peter P. (The Honorable) 00080439 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/23/2023 William Chris Vineyards Amount (\$) Payee address; State; Zip Code \$568.31 10352 West US Hwy 290 Hye, TX 78635 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Constituent Gifts Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH