#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088105 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Abiel NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Flores CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2508 E. Griffin Parkway MAILING Amount Receipt # **ADDRESS** Change of Address Mission, TX 78572 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Sylvia R. NAME NICKNAME LAST **SUFFIX** Flores STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2508 E. Griffin Parkway **ADDRESS** (Residence or Business) Mission, TX 78572 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 630-7777 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 35

| 13 C / OH NAME                                 | Flores, Abiel (Mr.)              |   | <b>14</b> Filer ID ( 00088105  | Ethics Commission Filers) |
|--|----------------------------------|---|--|---------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | he candidate's or office  | ommittees to support the cholder's knowledge or tice of such expenditures. |                           |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |  |                           |
|  | GENERAL                          |   |  |                           |
|  |                                  | COMMITTEE ADDRESS   |  |                           |
|  | SPECIFIC                         |   |  |                           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME   |  |                           |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRES   | SS   |                           |
| 16 CONTRIBUTION                                | 1 TOTAL INITEM                   | IZED DOLITICAL CONTRIBUTIONS/OTHER THAN   | IDLEDGES LOANS   |                           |
| 16 CONTRIBUTION<br>TOTALS                      | OR GUARANTE                      | IIZED POLITICAL CONTRIBUTIONS(OTHER THAN<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELEC                     |  | \$ 0.00                   |
|  |                                  | TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS  | 5)   | \$ 20,350.00              |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | IIZED POLITICAL EXPENDITURES  |  | \$ 0.00                   |
|  | 4. TOTAL POLIT                   | ICAL EXPENDITURES   |  | <b>\$</b> 148,286.78      |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA  | AST DAY OF THE   | <b>\$</b> 15,200.60       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>RTING PERIOD  | OF THE LAST DAY  | \$ 92,500.00              |
| 17 AFFIDAVIT                                   |                                  |   |  |                           |
|  |                                  | I swear, or affirm, under penalty<br>true and correct and includes al<br>under Title 15, Election Code. |  |                           |
|  |                                  | M   | r. Abiel Flores  |                           |
|  |                                  | Signature of  | Candidate or Officeholo  | der                       |
| AFFIX NOT                                      | ΓARY STAMP / SEAL AB             | OVE   |  |                           |
| Sworn to and subso                             | 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                            | er administering oath            | Printed name of officer administering oath  | Title of officer   | administering oath        |
|  |                                  |   |  |                           |

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

|         |  |  |          |    | 3 of 35         |  |  |  |
|---------|--|--|----------|----|-----------------|--|--|--|
| 18 FILE | 18 FILER NAME 19 Filer ID (Ethics Commission Filers) |  |          |    |                 |  |  |  |
| Flor    | es, Ab   | iel (Mr.)  | 00088105 |    |                 |  |  |  |
|         |  | E SUBTOTALS<br>SCHEDULE  |          |    | SUBTOTAL AMOUNT |  |  |  |
| 1.      | X  | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                    |          | \$ | 20,350.00       |  |  |  |
| 2.      |  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |          | \$ |                 |  |  |  |
| 3.      |  | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                |          | \$ |                 |  |  |  |
| 4.      | 4. X SCHEDULE E(J): LOANS (JUDICIAL)                 |  |          |    | 117,500.00      |  |  |  |
| 5.      | X  | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | 5        | \$ | 138,694.69      |  |  |  |
| 6.      |  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |          | \$ |                 |  |  |  |
| 7.      |  | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | DNS      | \$ |                 |  |  |  |
| 8.      |  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |          | \$ | _               |  |  |  |
| 9.      | Х  | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |          | \$ | 9,592.09        |  |  |  |
| 10.     |  | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (               | OF C/OH  | \$ |                 |  |  |  |
| 11.     |  | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | DNS      | \$ |                 |  |  |  |
| 12.     |  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED | \$ |                 |  |  |  |
|         |  |  |          |    |                 |  |  |  |

|                                 | MONET                       | ARY POLITICAL CONTRIBU  | JTIC     | DNS                             |          | SCHEDULE A(J)1                                    |
|---------------------------------|-----------------------------|---|----------|---------------------------------|----------|---|
|                                 | The Instru                  | ction Guide explains how to complete  | this f   | orm.                            | 1        | Total pages Schedule A(J)1:<br>Sch: 1/5 Rpt: 4/35 |
| 2                               | FILER NAME<br>Flores, Abiel |   |          |                                 | 3        | Filer ID (Ethics Commission Filers) 00088105      |
| 4                               | Date<br>12/13/2023          | <ul> <li>5 Full name of contributor  out-of-state PAG</li> <li>CJI, LLC</li> <li>6 Contributor address; City; State; Zip Code</li> <li>Alamo, TX 78516</li> </ul> | C (ID#:_ |                                 | 7        | Amount of Contribution (\$) \$1,500.00            |
| 8                               | Contributor's I             | Principal Occupation  |          | 9 Contributor's Job Title       | <u> </u> |   |
| 10                              | Contributor's               | employer/law firm   |          | 11 Law firm of contributor's sp | ous      | se (if any)                                       |
| 12                              | ! If contributor is         | s a child, law firm of parent(s) (if any)   |          |                                 |          |   |
|                                 | Date<br>11/15/2023          | Full name of contributor out-of-state PAG Conway Crossing 2, LLC Contributor address; City; State; Zip Code   | C (ID#:_ |                                 |          | Amount of Contribution (\$) \$1,500.00            |
|                                 | Contributor's I             | McAllen, TX 78504 Principal Occupation  |          | Contributor's Job Title         |          |   |
| Contributor's employer/law firm |                             |   |          | Law firm of contributor's sp    | ous      | se (if any)                                       |
|                                 | If contributor is           | s a child, law firm of parent(s) (if any)   |          |                                 |          |   |
|                                 | Date<br>11/15/2023          | Full name of contributor out-of-state PAGE Emmanuel Espinoza Law Group Contributor address; City; State; Zip Code McAllen, TX 78504                               | C (ID#:_ | )                               | -        | Amount of Contribution (\$) \$1,000.00            |
|                                 | Contributor's I             | Principal Occupation  |          | Contributor's Job Title         |          |   |
|                                 | Contributor's e             | employer/law firm   |          | Law firm of contributor's sp    | ous      | se (if any)                                       |
|                                 | If contributor is           | s a child, law firm of parent(s) (if any)   |          |                                 |          |   |
|                                 |                             |   |          |                                 |          |   |

|    | MONET                       | ARY POLITICAL   | CONTRIBUTIO            | ONS                             |  | SCHEDULE A(J)1                                    |
|----|-----------------------------|---|------------------------|---------------------------------|--|---|
|    | The Instru                  | ction Guide explains ho   | w to complete this t   | form.                           | 1  | Total pages Schedule A(J)1:<br>Sch: 2/5 Rpt: 5/35 |
| 2  | FILER NAME<br>Flores, Abiel | (Mr.)   |                        |                                 | 3  | Filer ID (Ethics Commission Filers) 00088105      |
| 4  | Date<br>12/21/2023          | 5 Full name of contributor out-of-state PAC (ID#:) Figueroa, Melba 6 Contributor address; City; State; Zip Code |                        | 7                               | Amount of Contribution (\$) \$1,000.00       |   |
|    |                             | Pharr , TX 78577  |                        |                                 |  |   |
| 8  |                             | Principal Occupation  |                        | 9 Contributor's Job Title       |  |   |
| 10 | retired                     | and a conflored fixed   |                        | retired                         |  | ('# )   |
| 10 | media sales                 | employer/law firm   |                        | 11 Law firm of contributor's sp | ou:  | se (II any)                                       |
| 12 |                             | s a child, law firm of parent(s) (if  | any)                   |                                 |  |   |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |  | Amount of Contribution (\$)                       |
|    | 10/27/2023                  | Jimenez, Jorge  Contributor address; City; \$   | State; Zip Code        |                                 |  | \$1,000.00  |
|    | 0                           | Edinburg, TX 78541  |                        | I 0                             |  |   |
|    | self                        | Principal Occupation  |                        | Contributor's Job Title self    |  |   |
|    |                             | employer/law firm   |                        | Law firm of contributor's sp    | oou  | se (if any)                                       |
|    | If contributor is           | s a child, law firm of parent(s) (if  | any)                   |                                 |  |   |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |  | Amount of Contribution (\$)                       |
|    | 11/15/2023                  | Jones, Galligan, Key & L Contributor address; City; \$  Weslaco , TX 78596                                      |                        |                                 |  | \$2,500.00  |
|    | Contributor's I             | I<br>Principal Occupation   |                        | Contributor's Job Title         | <u>1                                    </u> |   |
|    | Contributor's e             | employer/law firm   |                        | Law firm of contributor's sp    | oou  | se (if any)                                       |
|    | If contributor is           | s a child, law firm of parent(s) (if  | any)                   |                                 |  |   |
|    |                             |   |                        |                                 |  |   |

| MONET                         | ARY POLITICAL CONTRIBUTION  | ONS                             | SCHEDULE A(J)1                                      |
|-------------------------------|---|---------------------------------|---|
| The Instru                    | ction Guide explains how to complete this                                 | form.                           | 1 Total pages Schedule A(J)1:<br>Sch: 3/5 Rpt: 6/35 |
| 2 FILER NAME<br>Flores, Abiel | (Mr.)   |                                 | 3 Filer ID (Ethics Commission Filers) 00088105      |
| 4 Date<br>11/15/2023          | 5 Full name of contributor out-of-state PAC (ID#:)                        |                                 | 7 Amount of Contribution (\$) \$1,500.00            |
|                               | Edinburg, TX 78539  |                                 |   |
| 8 Contributor's F             | Principal Occupation  | 9 Contributor's Job Title       |   |
| 10 Contributor's e            | employer/law firm   | 11 Law firm of contributor's sp | pouse (if any)                                      |
| 12 If contributor is          | s a child, law firm of parent(s) (if any)                                 |                                 |   |
| Date                          | Full name of contributor  out-of-state PAC (ID#:                          | )                               | Amount of Contribution (\$)                         |
| 12/07/2023                    | Law Office of Katherine Perez  Contributor address; City; State; Zip Code |                                 | \$500.00  |
|                               | Edinburg, TX 78539  |                                 |   |
| Contributor's F               | Principal Occupation  | Contributor's Job Title         |   |
| Contributor's e               | employer/law firm   | Law firm of contributor's sp    | oouse (if any)                                      |
| If contributor is             | s a child, law firm of parent(s) (if any)                                 | I                               |   |
| Date                          | Full name of contributor out-of-state PAC (ID#:                           | )                               | Amount of Contribution (\$)                         |
| 11/15/2023                    | Law Office of Monica Galvan   |                                 | \$1,500.00  |
|                               | Contributor address; City; State; Zip Code  Edinburg, TX 78539            |                                 |   |
| Contributor's F               | Principal Occupation  | Contributor's Job Title         | <u> </u>  |
| Contributor's e               | employer/law firm   | Law firm of contributor's sp    | oouse (if any)                                      |
| If contributor is             | s a child, law firm of parent(s) (if any)                                 | 1                               |   |
|                               |   |                                 |   |

|                                      | MONET  | ARY POLITICAL  | CONTRIBUTION                 | ONS                             |             | SCHEDULE A(J)1                                    |
|--------------------------------------|--|--|------------------------------|---------------------------------|-------------|---|
|                                      | The Instru   | ction Guide explains ho  | w to complete this t         | form.                           | 1           | Total pages Schedule A(J)1:<br>Sch: 4/5 Rpt: 7/35 |
| 2                                    | FILER NAME<br>Flores, Abiel  | l (Mr.)  |                              |                                 | 3           | Filer ID (Ethics Commission Filers) 00088105      |
| 4                                    | Date 11/15/2023  | 5 Full name of contributor out-of-state PAC (ID#:  Law Office of Rudy Moreno  6 Contributor address; City; State; Zip Code |                              |                                 | 7           | Amount of Contribution (\$) \$3,000.00            |
|                                      |  | McAllen, TX 78504  |                              |                                 |             |   |
| 8                                    | Contributor's I  | Principal Occupation   |                              | 9 Contributor's Job Title       |             |   |
| 10                                   | Contributor's e  | employer/law firm  |                              | 11 Law firm of contributor's sp | oous        | se (if any)                                       |
| 12                                   | 2 If contributor is  | s a child, law firm of parent(s) (i  | f any)                       |                                 |             |   |
|                                      | Date   | Full name of contributor   | out-of-state PAC (ID#:       | )                               | Π           | Amount of Contribution (\$)                       |
|                                      | 11/29/2023   | Martinez, Maria  Contributor address; City;  | State; Zip Code              |                                 |             | \$1,000.00  |
|                                      | 0  | McAllen, TX 78501  |                              | Contributorio Job Title         |             |   |
|                                      | Contributor's Principal Occupation  Contributor's Job Title business owner  self |  |                              |                                 |             |   |
| Contributor's employer/law firm self |  |  | Law firm of contributor's sp | oous                            | se (if any) |   |
|                                      |  | s a child, law firm of parent(s) (i  | f any)                       |                                 |             |   |
|                                      | Date   | Full name of contributor   | out-of-state PAC (ID#:       | )                               |             | Amount of Contribution (\$)                       |
|                                      | 11/15/2023   | Meza, Victor  Contributor address; City;   | State; Zip Code              |                                 |             | \$1,500.00  |
|                                      |  | Mission, TX 78572  |                              |                                 |             |   |
|                                      | Contributor's Principal Occupation  Self  Contributor's Job Title  self          |  |                              |                                 |             |   |
|                                      | Contributor's e  | employer/law firm  |                              | Law firm of contributor's sp    | oous        | se (if any)                                       |
|                                      |  | s a child, law firm of parent(s) (i  | f any)                       |                                 |             |   |
|                                      |  |  |                              |                                 |             |   |

|    | MONET                       | ARY POLITICAL (  | CONTRIBUTIO             | ONS                             |      | SCHEDULE A(J)1                                    |
|----|-----------------------------|--|-------------------------|---------------------------------|------|---|
|    | The Instru                  | ction Guide explains how   | v to complete this f    | orm.                            | 1    | Total pages Schedule A(J)1:<br>Sch: 5/5 Rpt: 8/35 |
| 2  | FILER NAME<br>Flores, Abiel | (Mr.)  |                         |                                 | 3    | Filer ID (Ethics Commission Filers)<br>00088105   |
| 4  | Date 11/29/2023             | 5 Full name of contributor out-of-state PAC (ID#:  RP Management Group  6 Contributor address; City; State; Zip Code |                         |                                 | 7    | Amount of Contribution (\$) \$250.00              |
|    |                             | McAllen, TX 78501  |                         |                                 |      |   |
| 8  | Contributor's I             | Principal Occupation   |                         | 9 Contributor's Job Title       |      |   |
| 10 | Contributor's e             | employer/law firm  |                         | 11 Law firm of contributor's sp | oous | se (if any)                                       |
| 12 | ! If contributor is         | s a child, law firm of parent(s) (if   | any)                    |                                 |      |   |
|    | Date                        | Full name of contributor   | out-of-state PAC (ID#:_ | )                               | Π    | Amount of Contribution (\$)                       |
|    | 11/29/2023                  | Rodriguez, Monica<br>Contributor address; City; S  | <u> </u>                |                                 |      | \$100.00  |
|    |                             | McAllen, TX 78504  |                         |                                 |      |   |
|    |                             | Principal Occupation   |                         | Contributor's Job Title         |      |   |
|    | Self                        | and a law of the section of  |                         | self                            |      | on (if any )                                      |
|    | self                        | employer/law firm  |                         | Law firm of contributor's sp    | Jous | e (II aliy)                                       |
|    | If contributor is           | s a child, law firm of parent(s) (if   | any)                    |                                 |      |   |
|    | Date                        | Full name of contributor   | out-of-state PAC (ID#:_ | )                               |      | Amount of Contribution (\$)                       |
|    | 12/21/2023                  | Walsh, McGurk, Cordova   |                         |                                 |      | \$2,500.00  |
|    |                             | Contributor address; City; S   | State; Zip Code         |                                 | •    |   |
|    |                             | Edinburg, TX 78539   |                         | T                               |      |   |
|    | Contributor's I             | Principal Occupation   |                         | Contributor's Job Title         |      |   |
|    | Contributor's               | employer/law firm  |                         | Law firm of contributor's sp    | oous | se (if any)                                       |
|    | If contributor is           | s a child, law firm of parent(s) (if   | any)                    | <u> </u>                        |      |   |
|    |                             |  |                         |                                 |      |   |

|    | LOANS (J                             | UDICIAL)  |  |   | SCHEDULE E(J)                       |
|----|--------------------------------------|---|--|---|-------------------------------------|
|    | The Instruction                      | on Guide explains how to complete this f          | orm.                                       |   | ges Schedule E(J):<br>4 Rpt: 9/35   |
| 2  | FILER NAME<br>Flores, Abiel (Mr      | ·.)   |  | 3 Filer ID 000881                         | (Ethics Commission Filers) 05       |
| 4  | TOTAL OF UN                          | IITEMIZED LOANS                                   |  |   | \$                                  |
| 5  | Date of loan<br>11/03/2023           | 7 Name of lender                                  | C (ID#:                                    | )   | 9 Loan Amount (\$)<br>\$20,000.00   |
| 6  | Is lender a financial institution?   | 8 Lender address; City; State;  Mission, TX 78574 | Zip Code                                   |   | 10 Interest Rate 0 11 Maturity Date |
| 12 | Lender's Principal                   |   | 13 Lender's Job Title                      |   |                                     |
| 12 | business owner                       | Occupation  | attorney                                   |   |                                     |
| 14 | Lender's Employer Law Offices of A   |   | 15 Law Firm of lender's spous              | e (if any)                                |                                     |
| 16 |                                      | aw firm of parent(s) (if any)                     |  |   |                                     |
| 17 | Description of Coll  X None          | ateral  | 18 Check if personal funds we              | into political account (See Instructions) |                                     |
| 19 | GUARANTOR<br>INFORMATION             | 20 Name of guarantor                              |  | 22 Amount Guaranteed (\$)                 |                                     |
| 22 | x not applicable  Guarantor's Princi | 21 Guarantor address; City; State;                | Zip Code  24 Guarantor's Job Title         |   |                                     |
|    |                                      |   |  |   |                                     |
| 25 | Guarantor's Emplo                    | oyer/Law Firm                                     | 26 Law Firm of guarantor's spouse (if any) |   |                                     |
| 27 | If guarantor is child                | d, law firm of parent(s) (if any)                 |  |   |                                     |
|    |                                      |   |  |   |                                     |

|                                  | LOANS (J                           | UDICIAL)                                 |  |                   | SCHEDULE E(J)                               |  |
|----------------------------------|------------------------------------|--|--|-------------------|---|--|
|                                  | The Instruction                    | on Guide explains how to complete this f | orm.                                       | 1                 | ages Schedule E(J):<br>/4 Rpt: 10/35        |  |
| 2                                | FILER NAME<br>Flores, Abiel (Mr    | r.)                                      |  | 3 Filer ID 000883 | (Ethics Commission Filers)                  |  |
| 4                                | TOTAL OF UN                        | IITEMIZED LOANS                          |  |                   | \$  |  |
| 5                                | Date of loan<br>11/21/2023         | 7 Name of lender                         | C (ID#:                                    | )                 | 9 Loan Amount (\$)<br>\$50,000.00           |  |
| 6                                | Is lender a financial institution? | 8 Lender address; City; State;           | Zip Code                                   |                   | 10 Interest Rate                            |  |
|                                  | No                                 | Mission, TX 78574                        |  |                   | 11 Maturity Date                            |  |
| 12                               | Lender's Principal                 | Occupation                               | 13 Lender's Job Title                      |                   | •   |  |
|                                  | business owner                     |  | attorney                                   |                   |   |  |
| 14                               | Lender's Employer Law Offices of A |  | 15 Law Firm of lender's spous              | se (if any)       |   |  |
| 16                               | If lender is child, la             | w firm of parent(s) (if any)             |  |                   |   |  |
| 17                               | Description of Coll                | ateral                                   | 18 Check if personal funds we              | ere deposited     | d into political account (See Instructions) |  |
| 19                               | GUARANTOR                          | 20 Name of guarantor                     |  |                   | 22 Amount Guaranteed (\$)                   |  |
|                                  | INFORMATION  X not applicable      | 21 Guarantor address; City; State;       | Zip Code                                   |                   | <u> </u><br> -                              |  |
| 22                               |                                    |  | 24 Guarantor's Job Title                   |                   |   |  |
| 2                                | Guarantor's Princi                 | pai Occupation                           |  |                   |   |  |
| 25 Guarantor's Employer/Law Firm |                                    |  | 26 Law Firm of guarantor's spouse (if any) |                   |   |  |
| 27                               | If guarantor is child              | d, law firm of parent(s) (if any)        |  |                   |   |  |
|                                  |                                    |  |  |                   |   |  |

|    | LOANS (J                           | UDICIAL)                                      |  |                   | SCHEDULE E(J)                               |  |
|----|------------------------------------|---|--|-------------------|---|--|
|    | The Instruction                    | on Guide explains how to complete this        | form.                                      | 1                 | iges Schedule E(J):<br>4 Rpt: 11/35         |  |
| 2  | FILER NAME<br>Flores, Abiel (Mi    | r.)   |  | 3 Filer ID 000881 | (Ethics Commission Filers)                  |  |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                               |  | •                 | \$  |  |
| 5  | Date of loan<br>12/21/2023         | 7 Name of lender out-of-state F Flores, Abiel | PAC (ID#:                                  | )                 | 9 Loan Amount (\$)<br>\$5,500.00            |  |
| 6  | Is lender a financial institution? | 8 Lender address; City; State;                | Zip Code                                   |                   | 10 Interest Rate 0                          |  |
|    | No                                 | Mission, TX 78574                             |  |                   | 11 Maturity Date                            |  |
| 12 | Lender's Principal                 | Occupation                                    | 13 Lender's Job Title                      |                   | •   |  |
|    | business owner                     |   | attorney                                   |                   |   |  |
| 14 | Lender's Employe  Law Offices of A |   | 15 Law Firm of lender's spous              | se (if any)       |   |  |
| 16 | If lender is child, la             | aw firm of parent(s) (if any)                 |  |                   |   |  |
| 17 | Description of Coll                | ateral  | 18 Check if personal funds we              | ere deposited     | d into political account (See Instructions) |  |
| 10 | X None GUARANTOR                   | 20 Name of guaranter                          | X  |                   | •   |  |
| 19 | INFORMATION                        | 20 Name of guarantor                          |  |                   | 22 Amount Guaranteed (\$)                   |  |
|    | X not applicable                   | 21 Guarantor address; City; State;            | Zip Code                                   |                   |   |  |
| 23 | Guarantor's Princi                 | pal Occupation                                | 24 Guarantor's Job Title                   |                   |   |  |
| 25 | Guarantor's Emplo                  | oyer/Law Firm                                 | 26 Law Firm of guarantor's spouse (if any) |                   |   |  |
| 27 | If guarantor is chile              | d, law firm of parent(s) (if any)             |  |                   |   |  |
|    |                                    |   |  |                   |   |  |

|    | LOANS (J                           | UDICIAL)                               |  |                   | SCHEDULE E(J)                      |  |
|----|------------------------------------|--|--|-------------------|------------------------------------|--|
|    | The Instruction                    | on Guide explains how to complete this | form.                                      | 1                 | ges Schedule E(J):<br>4 Rpt: 12/35 |  |
| 2  | FILER NAME<br>Flores, Abiel (Mi    | r.)                                    |  | 3 Filer ID 000881 | (Ethics Commission Filers)         |  |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                        |  | •                 | \$                                 |  |
| 5  | Date of loan<br>12/22/2023         | 7 Name of lender                       | AC (ID#:                                   | )                 | 9 Loan Amount (\$)<br>\$42,000.00  |  |
| 6  | Is lender a financial institution? | 8 Lender address; City; State;         | Zip Code                                   |                   | 10 Interest Rate                   |  |
|    | No                                 | Mission, TX 78574                      |  |                   | 11 Maturity Date                   |  |
| 12 | Lender's Principal                 | Occupation                             | 13 Lender's Job Title                      |                   |                                    |  |
|    | business owner                     |  | attorney                                   |                   |                                    |  |
| 14 | Lender's Employe                   |  | 15 Law Firm of lender's spous              | se (if any)       |                                    |  |
| 16 | If lender is child, la             | aw firm of parent(s) (if any)          |  |                   |                                    |  |
| 17 | Description of Coll                | ateral                                 | 18 Check if personal funds we              | ere deposited     | d into political account           |  |
|    | X None                             |  | X  |                   | (See Instructions)                 |  |
| 19 | GUARANTOR<br>INFORMATION           | 20 Name of guarantor                   | <u> </u>                                   |                   | 22 Amount Guaranteed (\$)          |  |
|    | X not applicable                   | 21 Guarantor address; City; State;     | Zip Code                                   |                   |                                    |  |
| 23 | Guarantor's Princi                 | I<br>pal Occupation                    | 24 Guarantor's Job Title                   |                   |                                    |  |
| 25 | Guarantor's Emplo                  | oyer/Law Firm                          | 26 Law Firm of guarantor's spouse (if any) |                   |                                    |  |
| 27 | If guarantor is child              | d, law firm of parent(s) (if any)      | . <b>L</b>                                 |                   |                                    |  |
|    |                                    |  |  |                   |                                    |  |

#### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | Al 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: 1/18 Rpt: 13/35                                   | Flores, Abiel (Mr.) 00088105  |
| 4 | Date   | 5 Payee name  |
|   | 11/03/2023   | Alvarado, Jorge   |
| 6 | Amount (\$)<br>\$1,000.00                              | 7 Payee address; City; State; Zip Code Pharr , TX 78577   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contract labor  |
| 9 | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held H   |
|   | Date   | Payee name  |
|   | 11/26/2023   | Andrade, Maribel  |
|   | Amount (\$)<br>\$1,360.00                              | Payee address; City; State; Zip Code  |
|   |  | Mission, TX 78572   |
|   | PURPOSE<br>OF<br>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 labor |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 12/08/2023   | Aviso Media Group   |
|   | Amount (\$)<br>\$1,825.00                              | Payee address; City; State; Zip Code<br>1418 Beech Ave.   |
|   |  | McAllen, TX 78501   |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense graphics and design      |
|   | Complete ONLY if direct expenditure to benefit C/O     | 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   |  |  |
|---|--|---|---|--|--|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  | _ |  |  |
|   | Sch: 2/18 Rpt: 14/35   | Flores, Abiel (Mr.)  00088105   |   |  |  |
| 4 | Date   | 5 Payee name  |   |  |  |
|   | 11/25/2023   | Barajas, Juanita  |   |  |  |
| 6 | Amount (\$)<br>\$500.00  | 7 Payee address; City; State; Zip Code Palmview, TX 78572   |   |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |   |  |  |
|   |  | campaign labor  |   |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held   |   |  |  |
|   | Date   | Payee name  |   |  |  |
|   | 11/29/2023   | Betancourt, Sylvia  |   |  |  |
|   | Amount (\$)<br>\$500.00  | Payee address; City; State; Zip Code  |   |  |  |
|   |  | McAllen, TX 78504   |   |  |  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                  |   |  |  |
|   |  | event decor   |   |  |  |
|   |  | event decei   |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |  |  |
|   | Date   | Payee name  |   |  |  |
|   | 12/14/2023   | Brand Boosters  |   |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |  |  |
|   | \$2,000.00   | 301 S. McColl Rd.   |   |  |  |
|   |  | McAllen, TX 78501   |   |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |
|   | OF<br>EXPENDITURE  | Printing Expense Check if travel outside of Texas. Complete Schedule T.   |   |  |  |
|   |  | ☐ Check if Austin, TX, officeholder living expense  campaign material   |   |  |  |
|   |  | campaign material   |   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |

### 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

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

| l  | Credit Card Payment  | The Instruction Guide explains how to com   | plete this form.  |
|--|--|---|---|
| 1  | Total pages Schedule F1:   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
|  | Sch: 3/18 Rpt: 15/35   | Flores, Abiel (Mr.)   | 00088105  |
| 4  | Date   | 5 Payee name  |   |
|  | 11/20/2023   | Brand Boosters  |   |
| 6  | Amount (\$)  | 7 Payee address; City; State; Zip Code  | 9   |
|  | \$5,716.00   | 301 S. McColl Rd.   |   |
|  |  |   |   |
|  |  | McAllen, TX 78501   |   |
| 8  | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)  | D) Description  |
|  | OF<br>EXPENDITURE  | Printing Expense  | Check if travel outside of Texas. Complete Schedule T.  |
|  |  |   | Check if Austin, TX, officeholder living expense campaign material  |
|  |  |   | campaign material   |
| 9  | Complete ONLY if direct  | Candidate/Officeholder name Office sough  | office held   |
| ľ  | expenditure to benefit C/OI  |   | i. Oilide Hald  |
| H  | Date   | Payee name  |   |
|  | 11/03/2023   | Brand Boosters  |   |
| _  | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|  | \$4,000.00   | 301 S. McColl Rd.   | •   |
|  | Ψ-1,000.00   | oor o. Moodii ita.  |   |
|  |  | McAllen, TX 78501   |   |
|  | DUDDOCE  |   | 2   |
|  | PURPOSE<br>OF  | ,   | Description Check if travel outside of Texas. Complete Schedule T.  |
|  | EXPENDITURE  | Printing Expense  | Check if Austin, TX, officeholder living expense  |
|  |  |   | campaign material   |
|  |  |   |   |
| $ldsymbol{ld}}}}}}$ |  |   |   |
|  | Complete ONLY if direct  | Candidate/Officeholder name Office sough  | ot Office held  |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/O                    |   | office held   |
|  | expenditure to benefit C/OF  |   | ot Office held  |
|  | expenditure to benefit C/OI  | 1   | ot Office held  |
|  | expenditure to benefit C/OF  | Payee name  |   |
|  | expenditure to benefit C/Ol  Date 11/29/2023                                 | Payee name Cantu's Event  |   |
| _  | Date 11/29/2023 Amount (\$)  | Payee name Cantu's Event Payee address; City; State; Zip Code   |   |
| _  | Date 11/29/2023 Amount (\$)  | Payee name Cantu's Event Payee address; City; State; Zip Code   |   |
|  | Date 11/29/2023 Amount (\$)  PURPOSE   | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501   |   |
|  | Date 11/29/2023 Amount (\$) \$277.00   | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501   | D) Description  Check if travel outside of Texas. Complete Schedule T.  |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF                                      | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule)   | D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense          |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF                                      | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule)   | D) Description  Check if travel outside of Texas. Complete Schedule T.  |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF                                      | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule) Event Expense   | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event decor |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF EXPENDITURE                          | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name Office sough | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event decor |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name Office sough | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event decor |
|  | Date 11/29/2023 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct | Payee name Cantu's Event  Payee address; City; State; Zip Code 121 Bus. 83  McAllen, TX 78501  (a) Category (See Categories listed at the top of this schedule) Event Expense  Candidate/Officeholder name Office sough | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event decor |

#### SCHEDULE F1

Advertising Expense Et Accounting/Banking From Consulting Expense From Contributions/ Donations Made By - Gandidate/Officeholder/Political Committee Lease Contributions From Consulting Expense Contributions Made By - Gandidate/Officeholder/Political Committee

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |                 | Legal Services  The Instruction Guide                                       | Salaries/V           | Wages | /Contract Labor    |       | OTHER (enter a                                    | category not listed above) |        |
|---|--|-----------------|---|----------------------|-------|--------------------|-------|---|----------------------------|--------|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME    | Ē   |                      |       |                    | 3     | Filer ID  | (Ethics Commission F       | ilers) |
|   | Sch: 4/18 Rpt: 16/35                                   | Flores, Abi     | el (Mr.)  |                      |       |                    |       | 00088105  |                            |        |
| 4 | Date   | 5 Payee name    |   |                      |       |                    |       |   |                            |        |
|   | 12/12/2023   | Castaneda       | , Jaime   |                      |       |                    |       |   |                            |        |
| 6 | Amount (\$)<br>\$300.00                                | 7 Payee addre   | , ,   | State; Zip Co        | ode   |                    |       |   |                            |        |
| 8 | PURPOSE  | (a) Category (S | ee Categories listed at the to  | op of this schedule) | (b)   | Description        |       |   |                            |        |
|   | OF<br>EXPENDITURE                                      |                 | ages/Contract Labo  |                      |       |                    | , TX, | de of Texas. Comp<br>officeholder living          |                            |        |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh    |                 | iceholder name  | Office sou           | ight  |                    |       | Office he   | ld                         |        |
|   | Date   | Payee name      |   |                      |       |                    |       |   |                            |        |
|   | 11/29/2023   | Castellanos     | s, Brandon  |                      |       |                    |       |   |                            |        |
|   | Amount (\$)<br>\$200.00                                | Payee addre     | ·   | State; Zip Co        | ode   |                    |       |   |                            |        |
| _ | PURPOSE  |                 |   |                      | (h)   | Description        |       |   |                            |        |
|   | OF<br>EXPENDITURE                                      | Event Expe      | ee Categories listed at the te  | op of this schedule) | (5)   | Check if travel of |       | de of Texas. Comp                                 |                            |        |
|   | Complete ONLY if direct expenditure to benefit C/Oh    |                 | iceholder name  | Office sou           | ight  |                    |       | Office he   | ld                         |        |
|   | Date   | Payee name      |   |                      |       |                    |       |   |                            |        |
|   | 12/20/2023   | Castro, Jua     | เท  |                      |       |                    |       |   |                            |        |
|   | Amount (\$)<br>\$200.00                                | Payee addre     | ess; City;  | State; Zip Co        | ode   |                    |       |   |                            |        |
|   |  | McAllen, T      | 〈 78504   |                      |       |                    |       |   |                            |        |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | Contribution    | ee Categories listed at the tr<br>ns/Donations Made<br>Officeholder/Politic | е Ву                 | (b)   |                    | , TX, | de of Texas. Comp<br>officeholder living<br>drive |                            |        |
|   | Complete ONLY if direct expenditure to benefit C/Oh    |                 | iceholder name  | Office sou           | ight  |                    |       | Office he   | ld                         |        |
|   |  |                 |   |                      |       |                    |       |   |                            |        |

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

|   | Candidate/Officeholder/Politica<br>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: 5/18 Rpt: 17/35                                   | Flores, Abiel (Mr.) 00088105   |   |  |  |
| 4 | Date   | 5 Payee name   | _ |  |  |
|   | 11/14/2023   | De Los Rios, David   |   |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   | _ |  |  |
|   | \$4,000.00   | 8117 Valley View Dr.   |   |  |  |
|   |  |  |   |  |  |
|   |  | Donna, TX 78537  |   |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |  |  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense  |   |  |  |
|   |  | Check if Austin, TX, officeholder living expense digital ads                     |   |  |  |
|   |  | digital add  |   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                            | _ |  |  |
|   | expenditure to benefit C/OI                            |  |   |  |  |
| _ | Date   | Payee name   | = |  |  |
|   | 11/25/2023   | Doubletree by Hilton   |   |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   | - |  |  |
|   | \$2,840.00   | 1800 S. 2nd St.  |   |  |  |
|   |  |  |   |  |  |
|   |  | McAllen, TX 78501  |   |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |  |  |
|   | OF<br>EXPENDITURE                                      | Event Expense  |   |  |  |
|   |  | Check if Austin, TX, officeholder living expense  event venue                    |   |  |  |
|   |  | event venue  |   |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                            | - |  |  |
|   | expenditure to benefit C/OI                            |  |   |  |  |
|   | Date   | Payee name   | = |  |  |
|   | 11/29/2023   | Doubletree by Hilton   |   |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   | - |  |  |
|   | \$1,805.37   | 1800 S. 2nd St.  |   |  |  |
|   |  |  |   |  |  |
|   |  | McAllen, TX 78501  |   |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |  |  |
|   | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.             |   |  |  |
|   |  | Check if Austin, TX, officeholder living expense  event                          |   |  |  |
|   |  | evenii   |   |  |  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                            | _ |  |  |
|   | expenditure to benefit C/OI                            |  |   |  |  |
|   |  |  | _ |  |  |
|   |  |  |   |  |  |
| l |  |  |   |  |  |

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>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: 6/18 Rpt: 18/35                                   | Flores, Abiel (Mr.) 00088105  |
| 4 | Date   | 5 Payee name  |
|   | 12/11/2023   | Eben Ezer Family Church   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$210.00   | 649 E. Edinburg Ave.  |
|   |  |   |
|   |  | Elsa, TX 78543  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense |
|   |  | Candidate/Officeholder/Political Committee  |
|   |  | opened and  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| • | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 11/17/2023   | Esteves, Blanca Estella   |
|   |  | · · · · · · · · · · · · · · · · · · ·   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   |   |
|   |  |   |
|   |  | Mission, TX 78572   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |
|   | -  | Check if Austin, TX, officeholder living expense  |
|   |  | campaign labor  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Data   |   |
|   | Date<br>11/25/2023                                     | Payee name  |
|   |  | Exclusive Designs   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,503.82   | 2421 E. Griffin Pkwy  |
|   |  |   |
|   |  | Mission, TX 78572   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  campaign attire/shirts  |
|   |  | campaign atme/simts   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | 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: 7/18 Rpt: 19/35                                   | Flores, Abiel (Mr.) 00088105   |
| 4 | Date   | 5 Payee name   |
|   | 11/29/2023   | Farias, Leo  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$1,500.00   |  |
|   |  |  |
|   |  | Weslaco , TX 78596   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |  | campaign labor   |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             | 1  |
|   | Date   | Payee name   |
|   | 11/28/2023   | Flores, Rosie  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$300.00   |  |
|   |  |  |
|   |  | Elsa, TX 78543   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE  | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | sponsorship  |
|   |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             | 1  |
|   | Date   | Payee name   |
|   | 12/21/2023   | Flores, Sylvia   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$5,500.00   |  |
|   |  |  |
| L |  | Mission, TX 78572  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  campaign labor   |
|   |  | ouripaign labor  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             |  |
|   |  |  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

|   | Candidate/Officeholder/Politica<br>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: 8/18 Rpt: 20/35                                   | Flores, Abiel (Mr.) 00088105  |
| 4 | Date   | 5 Payee name  |
|   | 11/03/2023   | Flores, Sylvia  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$2,200.00   |   |
|   |  |   |
| L |  | Mission, TX 78572   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor   |
|   |  | contract labor  |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 12/07/2023   | Fuentes, Frank  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$250.00   |   |
|   |  |   |
|   |  | Edinburg, TX 78539  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Candidate/Officeholder/Political Committee  |
|   |  | Gpeniesisp  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <del>1</del>  |
|   | Date   | Payee name  |
|   | 12/14/2023   | Garcia, Hermila   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   |   |
|   |  |   |
|   |  | Pharr , TX 78577  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |
|   |  | Check if Austin, TX, officeholder living expense  campaign labor  |
|   |  | Campaign labor  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| • | Sch: 9/18 Rpt: 21/35   | Flores, Abiel (Mr.)  00088105   |
| 4 | Date   | 5 Payee name  |
|   | 11/14/2023   | Garza, Norma  |
| 6 | Amount (\$)<br>\$1,000.00  | 7 Payee address; City; State; Zip Code  Donna, TX 78537   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF   | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense contract labor   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 12/23/2023   | Gonzalez, Adrian  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   | 255 S. Kansas Ave.  |
|   |  |   |
|   |  | Weslaco , TX 78596  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Candidate/Officeholder/Political Committee  |
|   |  | Contribution  |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | Complete ONLY if direct expenditure to benefit C/OI  |   |
|   | Date   | Payee name  |
|   | 12/21/2023   | Hayes, Selina   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$30,000.00  | 612 W. Nolana, Suite 250  |
|   |  |   |
|   |  | McAllen, TX 78504   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | campaign consulting   |
| _ | 0 1: 0:::::::::::::::::::::::::::::::::  |   |
|   | 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

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 complete this form. |  |  |  |
|---|---|---|--|--|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                              |  |  |
| L | Sch: 10/18 Rpt: 22/35                               | Flores, Abiel (Mr.)                                       | 00088105   |  |  |
| 4 | Date  | 5 Payee name  |  |  |  |
| L | 12/15/2023  | Hayes Medrano, Selina                                     |  |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                    |  |  |  |
|   | \$2,000.00  | 612 W. Nolana, Suite 250                                  |  |  |  |
|   |   |   |  |  |  |
| L |   | McAllen, TX 78504   |  |  |  |
| 8 | PURPOSE<br>OF                                       | , , ,   | Description Check if travel outside of Texas. Complete Schedule T. |  |  |
|   | EXPENDITURE   | Consulting Expense  | Check if Austin, TX, officeholder living expense                   |  |  |
|   |   |   | campaign consulting  |  |  |
|   |   |   |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                 | Office held  |  |  |
| L | experientare to benefit Great                       | '   |  |  |  |
|   | Date  | Payee name  |  |  |  |
| L | 11/20/2023  | Hayes Medrano, Selina                                     |  |  |  |
| l | Amount (\$)   | Payee address; City; State; Zip Code                      |  |  |  |
|   | \$14,000.00   | 612 W. Nolana, Suite 250                                  |  |  |  |
|   |   |   |  |  |  |
| L |   | McAllen, TX 78504   |  |  |  |
|   | PURPOSE<br>OF                                       | , ,   | Description Check if travel outside of Texas. Complete Schedule T. |  |  |
| l | EXPENDITURE   | Consulting Expense  | Check if Austin, TX, officeholder living expense                   |  |  |
|   |   |   | campaign consulting  |  |  |
| L |   |   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                 | Office held  |  |  |
| L | experialiture to benefit C/Oi                       | 1   |  |  |  |
|   | Date  | Payee name  |  |  |  |
|   | 11/03/2023  | Hayes Medrano, Selina                                     |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code                      |  |  |  |
|   | \$10,000.00   | 612 W. Nolana, Suite 250                                  |  |  |  |
| l |   |   |  |  |  |
| L |   | McAllen, TX 78504   |  |  |  |
| l | PURPOSE<br>OF                                       | , ,   | Description Check if travel outside of Texas. Complete Schedule T. |  |  |
| l | EXPENDITURE   | Consulting Expense  | Check if Austin, TX, officeholder living expense                   |  |  |
|   |   |   | campaign consulting  |  |  |
| L |   |   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought                 | Office held  |  |  |
| L | experientare to benefit C/OI                        | ·   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |

#### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|---|--|--|
| _ | T  |  |
| 1 | Total pages Schedule F1:<br>Sch: 11/18 Rpt: 23/35  | 2 FILER NAME Flores, Abiel (Mr.)  3 Filer ID (Ethics Commission Filers) 00088105 |
| 4 | Date   | 5 Payee name   |
|   | 11/09/2023   | Hayes Medrano, Selina  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$1,025.00   | 612 W. Nolana, Suite 250   |
|   |  |  |
|   |  | McAllen, TX 78504  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.        |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense                                 |
|   |  | consulting   |
|   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                            |
|   | Date   | Payee name   |
|   | 12/11/2023   | Hidalgo Co. Democratic Party   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | ` '  |  |
|   | \$1,500.00   | 814 Del Oro  |
|   |  |  |
|   |  | Pharr , TX 78577   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF   | Fees Check if travel outside of Texas. Complete Schedule T.                      |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense                                 |
|   |  | filing fees  |
|   |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
|   | expenditure to benefit C/OI  |  |
| _ | D :  |  |
|   | Date   | Payee name   |
|   | 12/09/2023   | Hidalgo Co. Democratic Party   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$500.00   | 814 Del Oro  |
|   |  |  |
|   |  | Pharr , TX 78577   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|   | OF   | Contributions/Donations Made By  |
|   | EXPENDITURE  | Candidate/Officeholder/Political Committee                                       |
|   |  | sponsorship  |
|   |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
|   | expenditure to benefit C/OI  |  |
|   |  |  |
|   |  |  |
|   |  |  |

### 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<br>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: 12/18 Rpt: 24/35                                      | Flores, Abiel (Mr.) 00088105   |  |  |
| 4 | Date   | 5 Payee name   |  |  |
|   | 11/19/2023   | Hinojosa, Orfelinda  |  |  |
| 6 | Amount (\$)<br>\$1,000.00                                  | 7 Payee address; City; State; Zip Code   |  |  |
|   |  | weslaco, TX 78596  |  |  |
| 8 | PURPOSE<br>OF<br>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 contract labor      |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held  |  |  |
|   | Date   | Payee name   |  |  |
|   | 11/19/2023   | Jasso, Carlos  |  |  |
|   | Amount (\$)<br>\$800.00                                    | Payee address; City; State; Zip Code   |  |  |
|   |  | Edinburg, TX 78539   |  |  |
|   | PURPOSE<br>OF<br>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 labor     |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held  |  |  |
|   | Date   | Payee name   |  |  |
|   | 12/09/2023   | Lira, Daniel   |  |  |
|   | Amount (\$)<br>\$775.00                                    | Payee address; City; State; Zip Code   |  |  |
|   |  | Pharr , TX 78577   |  |  |
|   | PURPOSE<br>OF<br>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 contract labor-signs |  |  |
|   | Complete ONLY if direct expenditure to benefit C/Oh        | 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

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 comple   | ete this form.  |  |  |
|---|--|--|---|--|--|
| 1 | Total pages Schedule F1:                           | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |  |  |
| l | Sch: 13/18 Rpt: 25/35                              | Flores, Abiel (Mr.)  | 00088105  |  |  |
| 4 | Date   | 5 Payee name   |   |  |  |
|   | 12/16/2023   | Lira, Daniel   |   |  |  |
| 6 | Amount (\$)<br>\$2,250.00                          | 7 Payee address; City; State; Zip Code Pharr , TX 78577  |   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign labor  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   | Date   | Payee name   |   |  |  |
| L | 11/24/2023   | Lira, Daniel   |   |  |  |
|   | Amount (\$)<br>\$500.00                            | Payee address; City; State; Zip Code   |   |  |  |
|   |  | Pharr , TX 78577   |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign labor |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   | Date<br>11/28/2023                                 | Payee name<br>Lira, Daniel   |   |  |  |
|   | Amount (\$)<br>\$750.00                            | Payee address; City; State; Zip Code   |   |  |  |
|   |  | Pharr , TX 78577   |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign labor  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   |  |  |   |  |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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
Legal Services

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

|          | Candidate/Officeholder/Politica<br>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: 14/18 Rpt: 26/35                                  | Flores, Abiel (Mr.) 00088105  |
| 4        | Date   | 5 Payee name  |
|          | 11/20/2023   | Lira, Daniel  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$1,100.00   |   |
|          |  |   |
|          |  | Pharr , TX 78577  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  campaign labor  |
|          |  | Campaign labor  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ | Date   | Payee name  |
|          | 12/03/2023   | Lopez, esteban  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$300.00   | Tayoo addisoo, Oily, State, 21p Sode  |
|          | φοσο.σσ  |   |
|          |  | Edinburg, TX 78539  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  event entertainment   |
|          |  | Over entertainment  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            |   |
| _        | Date   | Payee name  |
|          | 11/15/2023   | Martinez, Angelica  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$500.00   | Tayoo addisoo, Oily, State, 21p Sode  |
|          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                |   |
|          |  | Mission, TX 78572   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |
|          | _/   | Check if Austin, TX, officeholder living expense  contract labor  |
|          |  | τοι πιαστιασσί  |
|          | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
|          |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

| Credit Card Payment  | The Instruction Guide explains how to co   | implete this form.  |
|--|--|---|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
| Sch: 15/18 Rpt: 27/35                                      | Flores, Abiel (Mr.)  | 00088105  |
| 4 Date   | 5 Payee name   | <u>'</u>  |
| 11/29/2023   | McAllen Digital Media  |   |
| 6 Amount (\$)<br>\$900.00                                  | 7 Payee address; City; State; Zip Co   | ode   |
|  | McAllen, TX 78504  |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule) Advertising Expense           | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense digital media |
| Complete ONLY if direct<br>expenditure to benefit C/OI     | Candidate/Officeholder name Office sou<br>H  | ight Office held  |
| Date   | Payee name   |   |
| 11/28/2023   | Moran, Jessie  |   |
| Amount (\$)<br>\$1,000.00                                  | Payee address; City; State; Zip Co   | ode   |
|  | Donna, TX 78537  |   |
| PURPOSE<br>OF<br>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 Contract labor  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | L Candidate/Officeholder name Office sou<br>H  | I<br>Ight Office held   |
| Date   | Payee name   |   |
| 12/05/2023   | Radio United   |   |
| Amount (\$)<br>\$807.50                                    | Payee address; City; State; Zip Co<br>1300 N. 10th St.   | ode   |
|  | McAllen, TX 78501  |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Advertising Expense           | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense media ads       |
| Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sou<br>H  | l<br>ght Office held  |
|  |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>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: 16/18 Rpt: 28/35                                  | Flores, Abiel (Mr.) 00088105  |
| 4 | Date   | 5 Payee name  |
|   | 11/19/2023   | Rivera, Velia   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$500.00   |   |
|   |  |   |
|   |  | Donna, TX 78537   |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor   |
|   |  | campaign labor  |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 12/21/2023   | Saldana, Antonio  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$250.00   |   |
|   |  |   |
|   |  | San Juan, TX 78589  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                        |
|   |  | campaign labor  |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <del>1</del>  |
|   | Date   | Payee name  |
|   | 12/11/2023   | Sarabia, Joe  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$750.00   |   |
|   |  |   |
|   |  | Mission, TX 78572   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor   |
|   |  | Check if Austin, TX, officeholder living expense  Contract labor  |
|   |  | Contract labor  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|   | Candidate/Officeholder/Politica<br>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: 17/18 Rpt: 29/35                                  | Flores, Abiel (Mr.) 00088105  |
| 4 | Date   | 5 Payee name  |
|   | 12/21/2023   | Treijo, Maria   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$1,000.00   |   |
|   |  |   |
|   |  | Pharr , TX 78577  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor   |
|   |  | campaign labor  |
|   |  | ouripaign labor   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ١ | expenditure to benefit C/OI                            |   |
| _ | Date   | Power name  |
|   | 12/02/2023   | Payee name<br>Trejo, Maria  |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   |   |
|   |  |   |
|   |  | Pharr , TX 78577  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                        |
|   |  | campaign labor  |
|   |  | Campaign labor  |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 11/21/2023   | Payee name  Vantage Bank of Texas   |
| _ |  | 5   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$25,000.00  | 730 W. Nolana Ave.  |
|   |  | M All TV 70504  |
|   |  | McAllen, TX 78504   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                         |
|   |  | loan repayment  |
|   |  |   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
|   |  |   |
|   |  |   |
|   |  |   |

### 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/Political Credit Card Payment | -<br>Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explai | Polling Expense Printing Expense Salaries/Wages/Contract Lab |   |      |
|---|--|----------------|--|--|---|------|
| 1 | Total pages Schedula F1.   | 2 FILED NAS    |  |  | 3 Filer ID (Ethics Commission Fil   | erc) |
| 1 | Total pages Schedule F1: Sch: 18/18 Rpt: 30/35   | Flores, Ab     |  |  | 00088105  | ers) |
| 4 | Date   | 5 Payee nam    | e  |  | •   |      |
|   | 11/15/2023   | ruiz, Fede     |  |  |   |      |
| 6 | Amount (\$)  | 7 Payee add    | ress; City; Sta  | ate; Zip Code  |   |      |
| • | \$500.00   | Elsa, TX 7     | ·  | , <u>-</u>   |   |      |
| 8 | PURPOSE  | (a) Category   | (See Categories listed at the top of this  | schedule) (b) Description                                    | on  |      |
|   | OF<br>EXPENDITURE  |                | Vages/Contract Labor   | Check if   | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor |      |
| 9 | Complete ONLY if direct expenditure to benefit C/OF  |                | fficeholder name   | Office sought  | Office held   |      |
|   |  |                |  |  |   |      |
|   |  |                |  |  |   |      |

### SCHEDULE G

### Vertising Expense Event Expense Loan Repayment/Reimbur

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |          | mmittee I       | ∃in/Awards/Memorial<br>Legal Services<br>The Instruction G | ·                    |        | whense Wages/Contract Labor omplete this form. |    | OTHER (e      |                 | ry not listed above) |       |
|---|--|----------|-----------------|--|----------------------|--------|--|----|---------------|-----------------|----------------------|-------|
| 1 | Total pages Schedule G:                                | 2        | FILER NAME      |  |                      |        |  | 3  | Filer ID      | (Ethics (       | Commission Fi        | lers) |
|   | Sch: 1/5 Rpt: 31/35                                    |          | Flores, Abiel   | (Mr.)  |                      |        |  |    | 000881        | .05             |                      |       |
| 4 | Date   | 5        | Payee name      |  |                      |        |  |    |               |                 |                      |       |
|   | 10/29/2023   |          | De Los Rios     | , David  |                      |        |  |    |               |                 |                      |       |
| 6 | Amount (\$)  | 7        | Payee addres    | s; City;   | State;               | Zip Co | ode  |    |               |                 |                      |       |
|   | \$1,500.00   |          | 8117 Valley     | View Dr.   |                      |        |  |    |               |                 |                      |       |
|   | Reimbursement from                                     |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | political contributions intended                       |          | Donna, TX 7     | '8537  |                      |        |  |    |               |                 |                      |       |
| 8 | PURPOSE  | (a)      | Category (Se    | e Categories listed at                                     | the top of this sche | edule) | (b) Description                                | =  |               |                 | exas. Complete Sch   |       |
|   | OF<br>EXPENDITURE                                      |          | Advertising I   | Expense  |                      |        | L  | Ch | neck if Austi | n, TX, officeho | older living expense | !     |
|   |  |          |                 |  |                      |        | media and ads                                  |    |               |                 |                      |       |
| L |  | <u> </u> |                 |  |                      |        |  |    |               |                 |                      |       |
| 9 | Complete ONLY if direct expenditure to benefit         | Car      | ndidate/Officeh | older name   |                      |        | Office sought                                  |    |               | Office h        | neld                 |       |
|   | C/OH   |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | Date   |          | Payee name      |  |                      |        |  |    |               |                 |                      |       |
|   | 12/18/2023   |          | Exclusive De    | esigns   |                      |        |  |    |               |                 |                      |       |
|   | Amount (\$)  |          | Payee addres    | s; City;   | State;               | Zip Co | ode  |    |               |                 |                      |       |
|   | \$181.86   |          | 2421 E. Griff   | fin Pkwy   |                      |        |  |    |               |                 |                      |       |
|   | Reimbursement from                                     |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | political contributions intended                       |          | Mission, TX     | 78572  |                      |        |  |    |               |                 |                      |       |
|   | PURPOSE<br>OF  |          | Category (Se    | e Categories listed at                                     | the top of this sche | edule) | Description                                    | =  |               |                 | exas. Complete Sch   |       |
|   | EXPENDITURE  |          | Advertising I   | Expense  |                      |        | L  | _  | neck if Austi | n, TX, officeho | older living expense | !     |
|   |  |          |                 |  |                      |        | embroidery/shirt                               | S  |               |                 |                      |       |
|   | Complete ONLY if direct                                | <u> </u> | ndidata/Officab | older nome   |                      |        | Office cought                                  |    |               | Office h        | hold                 |       |
|   | Complete ONLY if direct expenditure to benefit         | Car      | ndidate/Officeh | older name   |                      |        | Office sought                                  |    |               | Office i        | neiu                 |       |
|   | С/ОН   |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | Date   |          | Payee name      |  |                      |        |  |    |               |                 |                      |       |
|   | 11/11/2023   |          | Garza, Lucia    | ino  |                      |        |  |    |               |                 |                      |       |
|   | Amount (\$)  | Γ        | Payee addres    | s; City;   | State;               | Zip Co | ode  |    |               |                 |                      |       |
|   | \$125.00   |          | 3517 Palm 0     | Grove Dr.  |                      |        |  |    |               |                 |                      |       |
|   | Reimbursement from                                     |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | political contributions intended                       |          | Weslaco , -     | ΓX 78596   |                      |        |  |    |               |                 |                      |       |
|   | PURPOSE  | T        | Category (See   | e Categories listed at                                     | the top of this sche | edule) | Description                                    | =  |               |                 | exas. Complete Sch   |       |
|   | OF<br>EXPENDITURE                                      |          |                 | s/Donations M  | •                    |        | [  | Cł | neck if Austi | n, TX, officeho | older living expense | !     |
|   |  |          | Candidate/C     | fficeholder/Po   | litical Comm         | ittee  | sponsorship                                    |    |               |                 |                      |       |
|   |  |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   | Complete ONLY if direct expenditure to benefit         | Car      | ndidate/Officeh | older name   |                      |        | Office sought                                  |    |               | Office h        | held                 |       |
|   | C/OH   |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   |  |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   |  |          |                 |  |                      |        |  |    |               |                 |                      |       |
|   |  |          |                 |  |                      |        |  |    |               |                 |                      |       |

### SCHEDULE G

#### **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/Political Committee Credit Card Payment |  | Food/Beverage Expensions Gift/Awards/Memorials Legal Services  The Instruction Gift/Awards/Memorials Legal Services | Expense        |                           | kpense<br>/ages/Contract Labor |        | Travel in D<br>Travel Out<br>OTHER (er |        | ed above) |                           |                |
|--|--|---|----------------|---------------------------|--------------------------------|--------|--|--------|-----------|---------------------------|----------------|
| 1  | Total pages Schedule G:                                    | 2   | FILER NAME     |                           |                                |        |  | 3      | Filer ID  | (Ethics Comm              | ission Filers) |
|  | Sch: 2/5 Rpt: 32/35  |   | Flores, Abie   | el (Mr.)                  |                                |        |  |        | 000881    | 05                        |                |
| 4  | Date   | 5   | Payee name     |                           |                                |        |  |        |           |                           |                |
|  | 10/27/2023   |   | Hayes, Seli    | na                        |                                |        |  |        |           |                           |                |
| 6  | Amount (\$)  | 7   | Payee addre    | ss; City;                 | State;                         | Zip Co | de                                     |        |           |                           |                |
|  | \$1,300.00   |   | 612 W. Nola    | ana, Suite 250            |                                |        |  |        |           |                           |                |
|  | Reimbursement from political contributions intended        |   | McAllen, TX    | ( 78504                   |                                |        |  |        |           |                           |                |
| 8  | PURPOSE  | (a)   | Category (Se   | ee Categories listed at t | he top of this sch             | edule) | (b) Description                        | =      |           | outside of Texas. Co      |                |
|  | OF<br>EXPENDITURE  |   | Consulting I   | Expense                   |                                |        |  | _      |           | n, TX, officeholder livir | ng expense     |
|  |  |   |                |                           |                                |        | campaign consu                         | ııtıng |           |                           |                |
| 9  | Complete ONLY if direct expenditure to benefit C/OH        | <b>C</b> an   | didate/Officel | nolder name               |                                |        | Office sought                          |        |           | Office held               |                |
|  | Date   |   | Payee name     |                           |                                |        |  |        |           |                           |                |
|  | 12/15/2023   |   | Hayes, Seli    | na                        |                                |        |  |        |           |                           |                |
|  | Amount (\$)  |   | Payee addre    | ss; City;                 | State;                         | Zip Co | de                                     |        |           |                           |                |
|  | \$1,900.00   |   | 612 W. Nola    | ana, Suite 250            |                                |        |  |        |           |                           |                |
|  | Reimbursement from political contributions intended        |   | McAllen, TX    | ( 78504                   |                                |        |  |        |           |                           |                |
|  | PURPOSE<br>OF  |   | Category (Se   | ee Categories listed at t | he top of this sch             | edule) | Description                            | _      |           | outside of Texas. Co      |                |
|  | EXPENDITURE  |   | Consulting I   | Expense                   |                                |        | L                                      | _      |           | n, TX, officeholder livir | ng expense     |
|  |  |   |                |                           |                                |        | campaign consu                         | nung   |           |                           |                |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Can   | didate/Officel | nolder name               |                                |        | Office sought                          |        |           | Office held               |                |
| H  | Date   |   | Payee name     |                           |                                |        |  |        |           |                           |                |
|  | 12/21/2023   | ı   | Hayes, Seli    | na                        |                                |        |  |        |           |                           |                |
|  | Amount (\$)  | _   | Payee addres   |                           | State;                         | Zip Co | de                                     |        |           |                           |                |
|  | \$162.44   |   | 612 W. Nola    | ana, Suite 250            |                                | -      |  |        |           |                           |                |
|  | Reimbursement from political contributions intended        |   | McAllen, TX    | 〈 78504                   |                                |        |  |        |           |                           |                |
|  | PURPOSE  |   | Category (Se   | ee Categories listed at t | he top of this sch             | edule) | Description                            | _      |           | outside of Texas. Co      |                |
|  | OF<br>EXPENDITURE  |   | Loan Repay     | /ment/Reimburs            | sement                         |        | avant                                  | _      |           | n, TX, officeholder livir | ng expense     |
|  |  |   |                |                           |                                |        | event reimburse                        | men    | τ         |                           |                |
|  | Complete ONLY if direct expenditure to benefit C/OH        | Can   | didate/Officel | nolder name               |                                |        | Office sought                          |        |           | Office held               |                |
|  |  |   |                |                           |                                |        |  |        |           |                           |                |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Валкіпд Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/\      | xpense<br>Nages/Contract Labor |                    | Transportation Equipment & Related Expens<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) | se  |          |
|---|--|---|---|--------------------------------|--------------------|--|---|----------|
|   |  |   | The Instruction Guide explains              | now to co                      | omplete this form. |  |   |          |
| 1   | Total pages Schedule G:                        | 2 FILER NAME  | <u> </u>                                    |                                |                    | 3  | Filer ID (Ethics Commission Fil                 | ers)     |
|   | Sch: 3/5 Rpt: 33/35                            | Flores, Abie  | el (Mr.)                                    |                                |                    |  | 00088105  |          |
| 4   | Date   | 5 Payee name  |   |                                |                    | •  |   |          |
|   | 11/10/2023                                     | Hello RGV   |   |                                |                    |  |   |          |
| 6   | Amount (\$)                                    | <b>7</b> Payee addre  | ss; City; State;                            | Zip Co                         | ode                |  |   |          |
|   | \$250.00                                       | 1200 N. 10  | th St.                                      |                                |                    |  |   |          |
|   | Reimbursement from                             |   |   |                                |                    |  |   |          |
| L   | political contributions intended               | McAllen, T  | K 78501                                     |                                |                    |  |   |          |
| 8   | PURPOSE  | (a) Category (s   | ee Categories listed at the top of this sch | edule)                         | (b) Description    | =  | neck if travel outside of Texas. Complete Sch   | edule T. |
|   | OF<br>EXPENDITURE                              | Advertising   | Expense                                     |                                |                    | Ch   | eck if Austin, TX, officeholder living expense  |          |
|   |  |   |   |                                | social media ad    |  |   |          |
|   |  |   |   |                                |                    |  |   |          |
| 9   | Complete ONLY if direct expenditure to benefit | Candidate/Office  | holder name                                 |                                | Office sought      |  | Office held                                     |          |
|   | C/OH   |   |   |                                |                    |  |   |          |
|   | Date   | Payee name  |   |                                |                    |  |   |          |
|   | 11/11/2023                                     | 1 1   | . Democratic Party                          |                                |                    |  |   |          |
|   | Amount (\$)                                    | Payee addre   | ss; City; State;                            | Zip Co                         | ode                |  |   |          |
|   | \$1,500.00                                     | 814 Del Or  | )   |                                |                    |  |   |          |
|   | Reimbursement from                             |   |   |                                |                    |  |   |          |
|   | political contributions intended               | Pharr , TX  | 78577                                       |                                |                    |  |   |          |
|   | PURPOSE  | _   | ee Categories listed at the top of this sch | edule)                         | Description        | Ch   | neck if travel outside of Texas. Complete Sch   | edule T. |
|   | OF<br>EXPENDITURE                              | Fees  |   |                                |                    | Ch   | neck if Austin, TX, officeholder living expense |          |
|   |  |   |   |                                | filing fees        |  |   |          |
| L   |  |   |   |                                |                    |  |   |          |
|   | Complete ONLY if direct                        | Candidate/Office  | holder name                                 |                                | Office sought      |  | Office held                                     |          |
|   | expenditure to benefit C/OH                    |   |   |                                |                    |  |   |          |
| H   | Dete   |   |   |                                |                    |  |   |          |
|   | Date   | Payee name  |   |                                |                    |  |   |          |
|   | 12/18/2023                                     | Mejia, Edw  |   |                                |                    |  |   |          |
|   | Amount (\$)                                    | Payee addre   |   | Zip Co                         | ode                |  |   |          |
|   | \$300.00                                       | 614 S. Virg   | inia  |                                |                    |  |   |          |
|   | Reimbursement from political contributions     |   |   |                                |                    |  |   |          |
|   | intended                                       | Mercedes,   | TX 78550                                    |                                |                    |  |   |          |
|   | PURPOSE  | Category (s   | ee Categories listed at the top of this sch | edule)                         | Description        | _  | neck if travel outside of Texas. Complete Sch   |          |
|   | OF<br>EXPENDITURE                              | Salaries/Wa   | ages/Contract Labor                         |                                |                    | Ch   | eck if Austin, TX, officeholder living expense  |          |
|   |  |   |   |                                | contract labor     |  |   |          |
|   | Complete ONLY if direct                        | Candidata/Office  | holder name                                 |                                | Office sought      |  | Office held                                     |          |
|   | Complete ONLY if direct expenditure to benefit | Candidate/Office  | noider name                                 |                                | Office sought      |  | Office held                                     |          |
| L   | C/OH   |   |   |                                |                    |  |   |          |
|   |  |   |   |                                |                    |  |   |          |
|   |  |   |   |                                |                    |  |   |          |
| l   |  |   |   |                                |                    |  |   |          |

#### SCHEDULE G

#### **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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Wages/Contract Labor OTHER (enter a category not listed above)     |
|---|--|--|--|
| 1 | Total pages Schedule G:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                              |
|   | Sch: 4/5 Rpt: 34/35  | Flores, Abiel (Mr.)  | 00088105   |
| 4 | Date   | 5 Payee name   |  |
|   | 11/16/2023   | Mejia, Edward  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip C                              | ode  |
|   | \$300.00   | 614 S. Virginia  |  |
|   | Reimbursement from political contributions intended  | Mercedes, TX 78550   |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor                                    | Check if Austin, TX, officeholder living expense                   |
|   | EXI ENDITORE   |  | contract labor   |
|   |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                      | Office sought Office held  |
|   | Date   | Payee name   |  |
|   | 11/02/2023   | Mr. Stitch   |  |
|   | Amount (\$)  | Payee address; City; State; Zip C                                | rode   |
|   | \$272.79   | 3403 N. Ware Rd  |  |
|   | Reimbursement from   |  |  |
|   | political contributions intended   | McAllen, TX 78501  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)     | Description Check if travel outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  | Advertising Expense  | Check if Austin, TX, officeholder living expense                   |
|   |  |  | embroidery   |
|   |  |  |  |
|   |  | Candidate/Officeholder name                                      | Office sought Office held  |
|   | expenditure to benefit C/OH  |  |  |
|   |  |  |  |
|   | Date   | Payee name   |  |
|   | 11/16/2023   | Radio United   |  |
|   | Amount (\$)  | Payee address; City; State; Zip C                                | ode  |
|   | \$600.00   | 1300 N. 10th St.   |  |
|   | Reimbursement from   |  |  |
|   | political contributions intended   | McAllen, TX 78501  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)     | Description  |
|   | OF<br>EXPENDITURE  | Advertising Expense  | Check if Austin, TX, officeholder living expense                   |
|   |  |  | ads  |
|   |  |  |  |
|   |  | Candidate/Officeholder name                                      | Office sought Office held  |
|   | expenditure to benefit   |  |  |
|   | •  |  |  |
|   | C/OH   |  |  |
|   | •  |  |  |

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(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) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 35/35 Flores, Abiel (Mr.) 00088105 Date Payee name 11/30/2023 Radio United Amount (\$) Payee address; City; State; Zip Code 1300 N. 10th St. \$600.00 Reimbursement from political contributions intended McAllen, TX 78501 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/15/2023 Radio United Amount (\$) Payee address; City; State; Zip Code \$600.00 1300 N. 10th St. Reimbursement from political contributions McAllen, TX 78501 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH