CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

_	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE I	JSE ONLY
	00020023		47			Date Received	JOE ONL I
3	CANDIDATE /	MS / MRS / MR	I FIRST		MI	ELECTRONIC/	ALLY EILED
	OFFICEHOLDER NAME	The Honorable	Maria Luisa			01/16/2024	(CETTICED
	IVAIVIE	NICKNAME	LAST		SUFFIX		
		Lulu	Flores			Date Hand-delivered o	r Data Daatmarked
	ORIGINAL	X January 15	Runoff	Other (s	specify)	Date Hand-delivered o	i Date Postiliarkeu
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
•	COVERED	07/01/2023	THROUGH	12/31/2023	roai	Date imaged	
6	EXPLANATION OF C	CORRECTION				1	
7	AFFIDAVIT		and	ear, or affirm, under p correct. ck the box next to any			d report is true
7	AFFIDAVIT		and Che	correct.	and all applica	ble statements:	
7	AFFIDAVIT		and	correct.	and all applica s: I swear, or aith and without	ble statements: affirm that the orig an intent to mislea	inal report
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa	e and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is ir t any error or or	affirm that the orig an intent to mislea ned in the report. that I am filing this ass day after the da accurate or incomp	inal report d or to corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is ir t any error or or ood faith.	affirm that the orig an intent to mislea ned in the report. that I am filing this ass day after the da accurate or incomp	inal report d or to corrected te I learned blete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is in t any error or or ood faith.	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the repor	inal report d or to corrected te I learned blete. I
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report: was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is in t any error or or ood faith.	affirm that the orig an intent to mislea ned in the report. that I am filing this ass day after the da naccurate or incomp nission in the repor	inal report d or to corrected te I learned blete. I
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual reports: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The He Signatu	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is ir t any error or or ood faith. onorable Mari ure of Candidate	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual reports: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The He Signatu	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is ir t any error or or ood faith. onorable Mari ure of Candidate, this t	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual reports: was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The He Signatu	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is ir t any error or or ood faith. onorable Mari ure of Candidate, this t	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to corrected te I learned olete. I t as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00020023		2 Total pages fi	led: 17
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Maria Luisa			Date Received ELECTRONIC	ALLY EILED
					01/16/2024	ALLI FILLD
	NICKNAME	LAST		SUFFIX	01/10/2024	
	Lulu	Flores				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 40969				Receipt #	Amount
Change of Address	Austin, TX 78704					
onaligo orridades	Austill, 1A 70704				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME	Mr.	Rudy R.				
	NICKNAME	LAST		SUFFIX		
	MCRIVAWE	Colmenero		SUFFIX		
		Connenero				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE#; CITY	; ST.	ATE; ZIP CODE
TREASURER ADDRESS	901 South Mopac Expwy.					
	Bldg. 3, Suite 410					
(Residence or Business)	Austin, TX 78746					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(512) 472-2464					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (off	mpaign treasurer
	July 15	8th day before e	election \square	Exceeded modified	Final Report (Att	
	L July 13	our day belore e	Siection	reporting limit	Tillal Report (All	acii G/OH-FIN)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPI	rimary	Runoff	Other	
	03/05/2024	П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative Dist	rict 51		State Represen	tative District 51	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 47

13 C / OH NAME	Flores, Maria Luisa(The Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho I officeholders are required to report this informa	ut the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	Ξ	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TIES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 38,251.00
EXPENDITURE TOTALS		\$ 1,624.48		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,753.08
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 74,993.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to	
		The Hon	orable Maria Luisa Flo	res
		Signature	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
	, 20, to collect	Printed name of officer administering	Title of officer	administoring onth
Signature of Offi	icei aunimistenng	Printed name of officer administering	riue oi oilicer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				4 of 47
18 FILER NAM Flores, Ma	ME aria Luisa (The Honorable)	19 Filer ID 00020023	(Ethics Commiss	sion Filers)
20 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL	_ AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	38,251.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,753.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	■ A1	
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 5/47	
	FILER NAME Flores, Maria	a Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	Filers)
	Date 09/12/2023	 Full name of contributor out-of-state PAC (ID Acevedo, Fidel) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$52.00
•	Dringing agg	Austin, TX 78728-1804 pation / Job title (See Instructions)	6 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 08/27/2023	Full name of contributor out-of-state PAC (III Albert, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78741-3513 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (III Aleman, Steven Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78702-1429 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/12/2023	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703-4157 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 09/01/2023	Full name of contributor out-of-state PAC (IE Apodaca, Steven Contributor address; City; State; Zip Code Austin, TX 78745-1048	D#:)		Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 6/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 10/25/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Bailey, Brooke Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78703-3909 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See mstructions)	Employer (See instructions	')		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#:_ Bailey, Heather Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78703-2616				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/18/2023	Full name of contributor out-of-state PAC (ID#:_ Beck, Maria Angela Flores Contributor address; City; State; Zip Code La Grange, TX 78945-2409)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 7/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
ρ	Principal occu	Austin, TX 78722-1923 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ü	i illicipai occu	odion 7 oob title (See mattactions)	5 Employer (See instructions	,		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#:_Burke, Cecelia (The Honorable) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78731-2806 pation / Job title (See Instructions)	Employer (See Instructions)		
	· ····o.pa. oooa		p.:0)0. (000ou double	,		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Cardenas, Gilbert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78702-3223				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Carranza, Susana Contributor address; City; State; Zip Code Austin, TX 78701-4346			Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Castanada, Alexandra Contributor address; City; State; Zip Code Austin, TX 78702-5626)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 8/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 12/22/2023	5 Full name of contributor Chapman, Randall6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$200.00
_		Austin, TX 78704-4611			Ĺ		
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	S)		
	Date 08/25/2023	Full name of contributor Clarke, Margot Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Austin, TX 78731-5420	2)	Employer (See Instruction	<u>e)</u>		
	Pilicipai occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 09/11/2023	Full name of contributor Colmenero, Rudy Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78703					
	Principal occu Attorney	pation / Job title (See Instruction	s)	Employer (See Instructions Vacek Kiecke & Colmer	-	o LLP	
	Date 09/07/2023	Full name of contributor Cooper, Margaret Contributor address; City; S Austin, TX 78731-1220)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 08/23/2023	Full name of contributor Coronado, Jim Contributor address; City; S Austin, TX 78731-4508	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONT	FRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 9/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 09/03/2023	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$250.00
_	Deinsinal	Austin, TX 78741-7352	la la	Faradaya (Cara la desartina			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/15/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Austin, TX 78701-0074 Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u></u>		
	Investor			Prophet Capital	,		
	Date 08/23/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78747-1635					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/06/2023	Flores, Edna				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/07/2023	Flores, Lulu	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 10/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/11/2023	5 Full name of contributorFonte, Bears Rebecca6 Contributor address; City; State	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78729-1760 pation / Job title (See Instructions)		Employer (See Instructions			
	- Timoipai occa	pation 7 000 title (Oce moracions)		Chiployer (See Instructions	,		
	Date 08/11/2023	Full name of contributor Foreman, Barbara Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78754-5980 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/11/2023	Full name of contributor Foreman, Barbara Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78754-5980 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor Ganguly, Ashika Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78703-3789 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor Gibbons, Heidi Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 11/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 10/17/2023	 Full name of contributor out-of-state PAC (ID#: Goldgar, Diana Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
Ω	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	Fillicipal occu	oation / Job title (See Instituctions)	3 Employer (See Instructions	·)		
	Date 09/15/2023	Full name of contributor out-of-state PAC (ID#: Gonzalez, Vanessa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$51.00
		Austin, TX 78704-4520				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Harris, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$51.00
		Austin, TX 78749-1890				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Haynes, Jorge Contributor address; City; State; Zip Code Lakeway, TX 78734-4628)		Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/07/2023	Full name of contributor out-of-state PAC (ID#: Hendler, Scott Contributor address; City; State; Zip Code Austin, TX 78705-4254			Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 12/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 08/11/2023	 Full name of contributor o Herzele, Charlotte Contributor address; City; State; Z 			7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	Austin, TX 78751-4721	la-	Franksian (Cookastin stiere			
8	Lecturer	pation / Job title (See Instructions)		Employer (See Instructions UT-Austin)		
	Date 08/23/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78751-4721 pation / Job title (See Instructions)		Employer (See Instructions)		
	Lecturer			UT-Austin	,		
	Date 09/12/2023	Full name of contributor on the ster, Tina Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$51.00
		Austin, TX 78737-3124					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2023	Hexsel, Ricardo	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/13/2023	Howard, Ann	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			<u> </u>				

	MONET	ARY POLITICAL COI	S	SCHEDULE A1			
	The Instru	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 13/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/31/2023	 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78704-5809					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/25/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$51.00
	Principal occu	Sacramento, CA 95811 pation / Job title (See Instructions)		Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)		Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 08/31/2023 Humphrey, Karen Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$51.00
		Sacramento, CA 95811-4150					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/12/2023	Israel, Celia	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/07/2023	Jackson, Tina	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 14/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 09/07/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
•	Dringing oggu	Austin, TX 78757-3408	D. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Kirk, Ronald (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75214-3006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: Law Office of Ruben Barrera P.C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/23/2023	Full name of contributor out-of-state PAC (ID#: Longley, Susan Contributor address; City; State; Zip Code Austin, TX 78703-4759)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_Lyons, Sean Contributor address; City; State; Zip Code San Antonio, TX 78205-1420			Amount of Contribution (\$)	\$1,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Lyons & Lyons PC)		
		,				

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 15/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)			3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 09/12/2023	5 Full name of contributor Martinez, Mack (The Hon6 Contributor address; City; S			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78756-3910 pation / Job title (See Instructions	2)	9 Employer (See Instructions	.) 		
0	Fillicipal occu	pation / 300 title (3ee instructions	5)	3 Employer (See instructions)		
	Date 10/17/2023	Full name of contributor May, Eliza Contributor address; City; S Austin, TX 78735		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 10/25/2023	Full name of contributor McIlvain, Myra Contributor address; City; S		Amount of Contribution (\$)	\$39.00		
	Dringing occur	Austin, TX 78759 pation / Job title (See Instructions		Employer (See Instructions	·/		
	Fillicipal occu	pation 7 300 title (See Instructions) 	Employer (See instructions	•)		
08/12/2023 McIlvain, Myra		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$51.00	
	Principal occu	Austin, TX 78759-5011 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Montelongo, Irene Contributor address; City; State; Zip Code Austin, TX 78739-2041					Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 16/47		
2	FILER NAME Flores, Maria	a Luisa (The Honorable)		3	Filer ID (Ethics Commissio 00020023	n Filers)	
4	Date 08/19/2023	 Full name of contributor	<u>#:)</u>	7	Amount of Contribution (\$)	\$250.00	
8	Dringing agg	Austin, TX 78705-4901 pation / Job title (See Instructions)	9 Employer (See Instructions				
•	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 11/03/2023	Full name of contributor		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions InKind)			
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID# Morales, George Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$200.00		
	Principal occu	Austin, TX 78744-3802 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID# Moreno, Reynaldo L. Contributor address; City; State; Zip Code Austin, TX 78745-5926			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID# Oncor Texas State PAC Contributor address; City; State; Zip Code Dallas, TX 75202-1234		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 17/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/23/2023	 Full name of contributor out-of-state PAC (ID# Pena, Richard Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$102.00
•	Dringing oggu	Lakeway, TX 78734-5234	0 Employer (See Instructions	,, 		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID# Pinnelli, Janis W Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78763-0038	.			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2023 Pinnelli, Joseph F Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Austin, TX 78763-0038				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/01/2023	Full name of contributor out-of-state PAC (ID# Ramirez, Jill Contributor address; City; State; Zip Code Austin, TX 78745-2445	:)		Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID# Rivas, Steven Contributor address; City; State; Zip Code Austin, TX 78704-6965			Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 18/47		
2	FILER NAME Flores, Maria	a Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	on Filers)	
4	Date 07/30/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Sierra Madre, CA 91024-1037 pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Sims, Catherine Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00		
	Principal occu	Austin, TX 78704-2516 pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Smith, Linda Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$102.00		
	Principal occu	Austin, TX 78737-2872 pation / Job title (See Instructions)	Employer (See Instructions))			
Date Full name of contributor out-of-state PAC (ID#: 10/09/2023 Snell, Jason Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 12/15/2023	Full name of contributor x out-of-state PAC (ID#:CI Southwest Airlines Co. Freedom Fund Contributor address; City; State; Zip Code Dallas, TX 75235-1611		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u>'</u>					

	MONET	ARY POLITICAL (S 	SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 19/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)				3	Filer ID (Ethics Commission 00020023	on Filers)
4	Date 09/11/2023	5 Full name of contributor Spees, Jason6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78747-3915						
8	Principal occu	pation / Job title (See Instruction	5)	9	Employer (See Instructions	s)		
	Date 07/01/2023	Full name of contributor Stewart, Liz Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78731-1805 pation / Job title (See Instruction	2)		Employer (See Instructions	·/		
	i ilicipai occu	pation / Job title (Jee mondetion)	5)		Employer (See manuellons	')		
	Date 08/24/2023						Amount of Contribution (\$)	\$250.00
		Austin, TX 78731-1805						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 09/01/2023	Full name of contributor Stewart, Tom Contributor address; City; S Austin, TX 78749-3030	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)		
	Date 09/13/2023	Full name of contributor Texas Trial Lawyers Asso Contributor address; City; S Austin, TX 78701-1814					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
				ı				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 20/47	
2	FILER NAME Flores, Maria	Luisa (The Honorable)		3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701-2115				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/01/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$102.00
	Principal occu	Austin, TX 78703-4826 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: VOTE PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: Vasquez, Gina Contributor address; City; State; Zip Code Austin, TX 78723-1822			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: Villegas, Elizabeth S. Contributor address; City; State; Zip Code Austin, TX 78748-6531)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (5	SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this f	form	ı.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 21/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)				3	Filer ID (Ethics Commission 00020023	n Filers)
4	Date 08/22/2023	5 Full name of contributor Wade-Crouse, SueAnn6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78741-1522						
8	Principal occu	pation / Job title (See Instructions	6)	9 E	Employer (See Instructions	s)		
	Date 09/12/2023	Full name of contributor Walker, Nathaniel J Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78752-1416 pation / Job title (See Instructions	2)	1 .	Employer (See Instructions	-, 		
	r illicipai occu	pation 7 300 title (See Instructions) -	'	Employer (See mstructions	•)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2023 Webber, Rebecca Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00	
		Austin, TX 78723-4548						
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions	5)		
	Date 08/12/2023	Full name of contributor Whatley, Suzanne Contributor address; City; S Austin, TX 78735-6378	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions	5)		
	Date 09/12/2023	Full name of contributor Wheat, Brian Contributor address; City; S Austin, TX 78721-1216	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$51.00
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions	5)		
				1				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 22/47	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)			3	Filer ID (Ethics Commissio 00020023	n Filers)
4	Date 09/12/2023	5 Full name of contributor Whiteside, Mason6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78753-2118 pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u> </u> s)		
	Date 09/12/2023	Full name of contributor Ying Hong & Donald, Sm Contributor address; City; S Austin, TX 78736-3109			-	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>l</u> s)		
	Date 09/12/2023	Full name of contributor Zamarripa, Lily Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78751-2618 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> s)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/25 Rpt: 23/47 Flores, Maria Luisa (The Honorable)	00020023
4 Date 5 Payee name	
07/17/2023 AT&T	
6 Amount (\$) \$81.75 7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202-4206	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE Office Overhead/Northal Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
12/18/2023 AT&T	
Amount (\$) Payee address; City; State; Zip Code	
\$81.60 208 S Akard St	
Dallas, TX 75202-4206	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the control of	utside of Texas. Complete Schedule T.
EXPENDITURE Office Overhead/Northal Expense	TX, officeholder living expense
phone service	
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
11/17/2023 AT&T	
Amount (\$) Payee address; City; State; Zip Code	
\$81.26 208 S Akard St	
Dallas, TX 75202-4206	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the control of	which of Taylor Commission Col. 11. T
EXPENDITURE Office Overnead/Rental Expense Check have be	utside of Texas. Complete Schedule T. TX, officeholder living expense
phone service	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held

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

	Candidate/Officeholder/Politica Credit Card Payment			Salaries/\	Vages	s/Contract Labor	OTHER (enter a	category not listed above)
_		I	The Instruction Guid	e explains flow to co	ilibie			
1	Total pages Schedule F1:	l	LER NAME			3		(Ethics Commission Filers)
	Sch: 2/25 Rpt: 24/47	FI	ores, Maria Luisa (The Hon	iorable)			00020023	
4	Date	5 Pa	ayee name					
	10/16/2023	A-	Г&Т					
6	Amount (\$)	7 Pa	ayee address; City;	State; Zip Co	nde			
•	\$81.13	l	08 S Akard St	Clare, E.p Cl	,			
	Ψ01.10	-	70 57 Mara St					
		_						
		Da	allas, TX 75202-4206		_			
8	PURPOSE	(a) Ca	ategory (See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	O1	ffice Overhead/Rental Expe	nse		Check if travel out		
	LXI LINDITORE					—	X, officeholder living	j expense
						phone service		
9	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ıght		Office he	eld
	expenditure to benefit C/O	Н						
	Date	Pa	ayee name					
	09/18/2023	l	Γ&T					
	Amount (\$)			State: 7in Co	ndo.			
	` ,		ayee address; City;	State; Zip Co	oue			
	\$81.13	20	08 S Akard St					
		Da	allas, TX 75202-4206					
	PURPOSE	(a) Ca	ategory (See Categories listed at the t	on of this schedule)	(b)	Description		
	OF		ffice Overhead/Rental Expe			_	tside of Texas. Com	plete Schedule T.
	EXPENDITURE		,			Check if Austin, T	X, officeholder living	j expense
						phone service		
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	ight		Office he	eld
	expenditure to benefit C/O	H						
	Date	Ds	ayee name					
	08/16/2023	l	r&T					
				2: - 7: 0				
	Amount (\$)	l	ayee address; City;	State; Zip Co	ode			
	\$81.13	20	08 S Akard St					
		Da	allas, TX 75202-4206					
	PURPOSE	(a) Ca	ategory (See Categories listed at the t	on of this schedule)	(b)	Description		
	OF	ı	ffice Overhead/Rental Expe		l` ´		tside of Texas. Com	plete Schedule T.
	EXPENDITURE		= =			Check if Austin, T	X, officeholder living	j expense
						phone service		
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	ıght		Office he	eld
	expenditure to benefit C/O	Н			-			

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/25 Rpt: 25/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	11/12/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online contribution processing fees
_	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online contribution processing fees
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/30/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fees
		Online contribution processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/25 Rpt: 26/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	10/29/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.56	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online contribution processing fees
		Charles contained in proceeding reco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Davies name
	07/02/2023	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fees
		Offiline contribution processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	08/20/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.83	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online contribution processing fees
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- p	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/25 Rpt: 27/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	10/15/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.75	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online contribution processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/30/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fees
		Chillie contribution processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso nama
	09/03/2023	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.60	PO Box 441146
		NA
		West Somerville, MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online contribution processing fees
		Chimic definition processing loss
	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 -

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/Officenoider/Politica 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: 6/25 Rpt: 28/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	08/13/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.09	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fees
		Simile contained on proceeding look
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pavee name
	08/27/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.25	PO Box 441146
	, , ,	
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Online contribution processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.50	PO Box 441146
	7201.00	. 6 26%
		West Somerville, MA 02144-0031
	PURPOSE	as a second
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online contribution processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/25 Rpt: 29/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	09/17/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$232.21	PO Box 441146
		West Somerville, MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online contribution processing fees
		Charle contribution processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	09/10/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.73	PO Box 441146
		West Somerville, MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online contribution processing fees
	Operation ONLY if allowed	One History Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	10/19/2023	Austin Young Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca St
		Ste Pm 110
		Austin, TX 78701-2110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	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/O	1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/25 Rpt: 30/47	2 FILER NAME Flores, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020023
4	Date 12/15/2023	5 Payee name CFC Consulting
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 301074
		Austin, TX 78703-0018
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance consulting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/01/2023	Payee name CFC Consulting
	Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 301074
		Austin, TX 78703-0018
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/23/2023	Payee name CFC Consulting
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 301074
		Austin, TX 78703-0018
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance consulting
	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
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 com	pplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/25 Rpt: 31/47	Flores, Maria Luisa (The Honorable)	00020023
4 Date	5 Payee name	·
10/19/2023	Capital Area Progressive Democrats	
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Cod PO Box 413	de
0 DUDDOCE	Austin, TX 78767-0413	(b) 5
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
12/18/2023	Central Texas Food Bank	
Amount (\$) \$230.00	Payee address; City; State; Zip Cod 6500 Metropolis Dr Austin, TX 78744-3123	e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date 08/23/2023	Payee name Criminal Justice Reform Caucus	
Amount (\$) \$300.00	Payee address; City; State; Zip Cod 7344 Golden Sage Dr El Paso, TX 79911-3115	de
PURPOSE		(h) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held

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 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: 10/25 Rpt: 32/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	07/05/2023	Del Rio, Alicia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7400 Ladle Ln
		Austin, TX 78749-2844
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/31/2023	Del Rio, Alicia
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7400 Ladle Ln
		Austin, TX 78749-2844
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Calary Supplement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/31/2023	Del Rio, Alicia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7400 Ladle Ln
		Austin, TX 78749-2844
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary Supplement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	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: 11/25 Rpt: 33/47	Flores, Maria Luisa (The Honorable)	00020023
4	Date	5 Payee name	•
	09/30/2023	Del Rio, Alicia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	7400 Ladle Ln	
		Austin, TX 78749-2844	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Calaries/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T.
		Salary supp	tin, TX, officeholder living expense
		Cataly supp	, content
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	11/06/2023	Del Rio, Alicia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7400 Ladle Ln	
		Austin, TX 78749-2844	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	LAPENDITORE		tin, TX, officeholder living expense
		Salary supp	nement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
	Date	Davida nama	
	12/06/2023	Payee name Del Rio, Alicia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7400 Ladle Ln	
	4000.00	1 100 Eddie En	
		Austin, TX 78749-2844	
	PURPOSE		
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	tin, TX, officeholder living expense
		Salary supp	lement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Orange to borione of o		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 12/25 Rpt: 34/47	Flores, Maria Luisa (The Honorable) 5 Filer ID (Ethics Commission Filers) 00020023
4	Date	5 Payee name
	07/05/2023	Dove Springs Advisory Board
6	Amount (\$) \$263.47	7 Payee address; City; State; Zip Code 5801 Ainez Dr Austin, TX 78744-4629
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2023	Dove Springs Proud
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 1434
		Del Valle, TX 78617-1434
	PURPOSE 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 Check if Austin, TX, officeholder living expense Donation
		Βοπαιιοπ
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/29/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	401 Congress Ave
		Austin, TX 78701-4071
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		bank fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 35/47	Flores, Maria Luisa (The Honorable)		00020023
4	Date	5 Payee name		-
	11/30/2023	Frost Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$5.00	401 Congress Ave		
		Austin, TX 78701-4071		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense bank fee
				Dalik lee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
Ĭ	expenditure to benefit C/O		giit	Cindo ficia
_	Date	Payee name		
	10/31/2023	Frost Bank		
_	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$5.00	401 Congress Ave	uc	
	φο.σσ	401 Congress 7 We		
		Austin, TX 78701-4071		
	PURPOSE	(6) 6	/b\	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	09/29/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.00	401 Congress Ave		
		Austin, TX 78701-4071		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense bank fee
				שמות וככ
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	tdr	Office held
	expenditure to benefit C/O		giil	Office field

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

	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: 14/25 Rpt: 36/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
l	08/31/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$5.00	401 Congress Ave
l		
l		Austin, TX 78701-4071
8	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		bank fee
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Great	•
l	Date	Payee name
	07/31/2023	Frost Bank
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$5.00	401 Congress Ave
l		
		Austin, TX 78701-4071
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense bank fee
l		Dalik lee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
⊨	D-4-	
l	Date 12/18/2023	Payee name Frost Bank
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$236.85	401 Congress Ave
l		
		Austin, TX 78701-4071
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Gift cards for staff
\vdash	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 Candidate/Officeholder/Political Committee

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/Officenoider/Politica 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: 15/25 Rpt: 37/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	08/31/2023	GNI
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 685008
	, ,	
		Austin, TX 78768-5008
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital consulting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2023	GNI
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 685008
	•	
		Austin, TX 78768-5008
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2023	GNI
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 685008
	, ,	
		Austin, TX 78768-5008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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 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: 16/25 Rpt: 38/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	11/17/2023	GNI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 685008
		Austin, TX 78768-5008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital consulting
		Digital consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	08/28/2023	HABLA Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.47	PO Box 19712
		Austin, TX 78760-9712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		- Spoilsoisilip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/13/2023	Harland Clarke
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.26	15955 La Cantera Pkwy
		San Antonio, TX 78256-2589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign checks
		campaign checks
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/25 Rpt: 39/47	Flores, Ma	ria Luisa (The Hon	orable)				00020023	
4	Date	5 Payee name							
	09/30/2023	Heinrich, A	llison						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$1,000.00	2301 Ohlei	n Rd						
		Apt 107							
		Austin, TX	78757-7760						
8	PURPOSE OF		see Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Consulting	Expense			_		de of Texas. Com officeholder living	
						Campaign co			,
								-	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
		T							
	Date	Payee name							
	10/15/2023	Heinrich, A	llison						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$1,000.00	2301 Ohler	n Rd						
		Apt 107							
		Austin, TX	78757-7760						
	PURPOSE OF	(a) Category (S	see Categories listed at the to	pp of this schedule)	(b)	Description			
	EXPENDITURE	Consulting	Expense					de of Texas. Com officeholder living	
						Campaign co			Схрензе
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H 							
	Date	Payee name							
	08/31/2023	Heinrich, A	llison						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$1,000.00	2301 Ohler	n Rd						
		Apt 107							
		Austin, TX	78757-7760						
	PURPOSE	(a) Category (s	see Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense					de of Texas. Com	
						General cons		officeholder living	expense
						Scheral Colls	uitl	···9	
-	Complete ONLY if direct	L Candidate/Off	iceholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI				-				

SCHEDULE F1

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/25 Rpt: 40/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	11/17/2023	Heinrich, Allison
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2301 Ohlen Rd Apt 107 Austin, TX 78757-7760
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	Heinrich, Allison
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2301 Ohlen Rd Apt 107 Austin, TX 78757-7760
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2023	La Prensa
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 1704 E 5th St
		Austin, TX 78702-4483
	PURPOSE OF 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 Advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense 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

	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: 19/25 Rpt: 41/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	08/31/2023	Michael, Pacheco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4904 Bundyhill Dr
		Austin, TX 78723-6118
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary supplement
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2023	Michael, Pacheco
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4904 Bundyhill Dr
		Austin, TX 78723-6118
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Canaly cappionicia
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	11/06/2023	Michael, Pacheco
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4904 Bundyhill Dr
	φου.υυ	4004 Bulldyriiii Bi
		Austin, TX 78723-6118
	DUDDOCE	
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 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: 20/25 Rpt: 42/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	12/06/2023	Michael, Pacheco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4904 Bundyhill Dr
		Austin, TX 78723-6118
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary supplement
		Salary supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/03/2023	NGP Van
H	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Database software
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/15/2023	NGP Van
H	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
┝	PURPOSE	Inc.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Database software
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experientare to beliefit 6/01	·
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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 Credit Card Payment		nmittee	Legal Services			se s/Contract Labor		OTHER (enter a	category not listed a	bove)
	Credit Card Fayment			The Instruction Gu	uide explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 21/25 Rpt: 43/47		Flores, Mari	a Luisa (The H	onorable)				00020023		
4	Date	5	Payee name								
	11/02/2023		NGP Van								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (Code					
	\$266.50		655 15th St								
	,		Ste 650								
				, DC 20005-573	Ω						
_		⊢				10.					
8	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description	oto:	ide of Toyloo Com	plete Schedule T.	
	EXPENDITURE		Office Overl	nead/Rental Exp	oense				, officeholder living		
							Database sof				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	10/02/2023		NGP Van								
	Amount (\$)	┢	Payee addres	ss; City;	State; Zip (`nde					
	\$266.50		655 15th St	•	State, 2.p	Jouc					
	Ψ200.00		Ste 650								
				DC 2000E E73	00						
		_		, DC 20005-573							
	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description	oto:	ide of Toyloo Com	plete Cebedule T	
	EXPENDITURE		Office Overl	nead/Rental Exp	oense				ide of Texas. Com , officeholder living	plete Schedule T. expense	
							Database sof			, . ,	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	09/05/2023		NGP Van								
	Amount (\$)		Payee addres	ss; City;	State; Zip (Code					
	\$266.50		655 15th St		, -						
	,		Ste 650								
				, DC 20005-573	00						
	D. 100.00	_				14.					
	PURPOSE OF	(a)		ee Categories listed at t		(a)	Description Check if travel	nutei	ide of Tevas Com	plete Schedule T.	
	EXPENDITURE		Office Overi	nead/Rental Exp	Dense				, officeholder living	•	
							Database sof				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office so	ought			Office he	eld	
	expenditure to benefit C/OI	Н									

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

	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: 22/25 Rpt: 44/47	Flores, Maria Luisa (The Honorable)	00020023
4	Date	5 Payee name	•
	08/02/2023	NGP Van	
6	Amount (\$)	7 Payee address; City; State; Zip Code	е
	\$266.50	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Database software
			Dalabase software
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
١	expenditure to benefit C/O		it Since Held
-	Date	Davisa nama	
	07/05/2023	Payee name Salinas, Julio	
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 911 Duncan Ln	=
	\$225.00	911 Duncan En	
		Austin TV 70705 2005	
		Austin, TX 78705-2605	
	PURPOSE OF	2 (()) () () () () () () () (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	07/31/2023	Salinas, Julio	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$200.00	911 Duncan Ln	
		Austin, TX 78705-2605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Salary supplement
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O		n Onice Held
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
	·			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FII	ILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 23/25 Rpt: 45/47	Fl	lores, Maria	Luisa (The F	Honorable)					00020023		
4	Date	5 Pa	ayee name									
	11/17/2023	T€	exas AFL-C	O								
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	de					
	\$500.00	11	106 Lavaca	St								
		St	te 200									
		l _{Aı}	ustin, TX 78	3701-2171								
8	PURPOSE						(h)	Description				
١	OF			Categories listed at S/Donations M		edule)	(D)		outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ittee				officeholder living	•	
								Sponsorship				
9	Complete ONLY if direct		ndidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Pa	ayee name									
	10/19/2023	Τe	exas Freed	om Network								
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$300.00	P	O Box 1624	ļ								
		Αι	ustin, TX 78	3767-1624								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			/Donations M	,			=			plete Schedule T.	
		l Ca	andidate/O	fficeholder/Po	litical Comm	ıittee		Event ticket	, IX,	officeholder living	g expense	
								Lvent ticket				
_	Complete ONLY if direct		ndidata/Office	abolder neme		Office cou	abt			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		nuluale/Onici	eholder name		Office sou	gnı			Office fi	eiu	
		_										
	Date	l	ayee name									
	11/15/2023	Tr	ravis Count	y Democratic	Party							
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$750.00	13	311 E 6th S	t								
		St	te B									
		Αι	ustin, TX 78	3702-3368								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this sch	edule)	(b)	Description				
	OF	l F∈	ees	3		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							ш	, TX,	officeholder living	g expense	
								filing fee				
L												
	Complete ONLY if direct		ndidate/Office	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
Ļ	Sch: 24/25 Rpt: 46/47	Flores, Maria Luisa (The Honorable) 00020023	
4	Date	5 Payee name	
	09/01/2023	Travis County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,500.00	1311 E 6th St	
		Ste B	
Ļ		Austin, TX 78702-3368	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
	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	
		Contribution / event sponsorship	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/30/2023	University Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	2819 Rio Grande St	
		Apt 610	
		Austin, TX 78705-3698	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee Contribution	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/01/2023	Whip in	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$205.30	1950 S I-35 Frontage Rd	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense staff dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	y	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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 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: 25/25 Rpt: 47/47	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	09/12/2023	Worley Printig
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.60	3217 N Interstate 35 Frontage Rd
		Austin, TX 78722
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event signage
		event signage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	09/11/2023	Worley Printig
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.58	3217 N Interstate 35 Frontage Rd
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stickers
		SUCKETS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		