FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088105 28 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Abiel NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Flores CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2508 E. Griffin Parkway MAILING Amount Receipt # **ADDRESS** Change of Address Mission, TX 78572 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Sylvia R. NAME NICKNAME LAST **SUFFIX** Flores STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2508 E. Griffin Parkway **ADDRESS** (Residence or Business) Mission, TX 78572 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 630-7777 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

District Judge District 332

11 OFFICE

OFFICE HELD (if any)

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Flores, Abiel (Mr.)		14 Filer ID (00088105	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to a officeholders are required to report this information.	he candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 25,325.00
EXPENDITURE TOTALS	·	ZED POLITICAL EXPENDITURES) 	\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 79,028.74
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 76,254.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 182,500.00
17 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mı	r. Abiel Flores	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		3 of 28
18 FILER NAME 1 Flores, Abiel (Mr.)	19 Filer ID 00088105	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 25,325.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X SCHEDULE E(J): LOANS (JUDICIAL)		\$ 40,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 48,321.24
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 30,707.50
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED	\$

MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 4/28
2 FILER NAME Flores, Abiel	(Mr.)			3 Filer ID (Ethics Commission Filers) 00088105
4 Date 02/01/2024			7 Amount of Contribution (\$) \$500.00	
	Mercedes, TX 78570			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if a	iny)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/06/2024 Angeles Transport LLC Contributor address; City; State; Zip Code			\$500.00	
	Mission, TX 78573			
Contributor's F	Principal Occupation		Contributor's Job Title	
Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if a	nny)	I	
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/07/2024	Cantu, Oscar L.	_		\$2,000.00
	Contributor address; City; St Mission, TX 78574	ate; Zip Code		
Contributor's F	rincipal Occupation		Contributor's Job Title	
self employe			self	
	employer/law firm		Law firm of contributor's sp	oouse (if any)
self				
If contributor is	s a child, law firm of parent(s) (if a	nny)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/28
2	FILER NAME Flores, Abiel	FILER NAME Flores, Abiel (Mr.)			3	Filer ID (Ethics Commission Filers) 00088105
4	Date 02/08/2024	5 Full name of contributor Chanin, Miguel 6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$500.00
		McAllen, TX 78503				
8		Principal Occupation		9 Contributor's Job Title		
	engineer			self employed		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	David of state DAC (ID)	\	Т	Amount of Contribution (\$)
	02/02/2024	Chavana, Vito Contributor address; City; S	out-of-state PAC (ID#:			\$750.00
	Contributor's I	McAllen, TX 78504 Principal Occupation		Contributor's Job Title		
	attorney	- ппстрат Оссираноп		attorney		
	-	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/08/2024	Coronado Transport, LLC Contributor address; City; S				\$1,000.00
		San Juan, TX 78589				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		

	MONETARY POLITICAL CONTRIBUTIONS					SCH	HEDULE A	A(J)1
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Sch Sch: 3/10 Rpt:		.:
2	FILER NAME Flores, Abiel				3	Filer ID (Ethication)	s Commissi	on Filers)
4	Date 02/07/2024 5 Full name of contributor out-of-state PAC (ID#:) DG&GG Investments, LLC 6 Contributor address; City; State; Zip Code		7	Amount of Cont	ribution (\$)	\$1,000.00		
8	Contributor's F	Mission, TX 78573 Principal Occupation		9 Contributor's Job Title	<u> </u>			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Esquire Real Estate Co. Contributor address; City; State; Zip Code				Amount of Cont	ribution (\$)	\$1,500.00	
_	Contributor's	McAllen, TX 78501 Principal Occupation		Contributor's Job Title				
		employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date 02/05/2024	Full name of contributor our Flores, Arturo Contributor address; City; State; Zip Mission, TX 78573	ut-of-state PAC (ID#:_ ip Code)		Amount of Cont	ribution (\$)	\$1,250.00
	Contributor's F	Principal Occupation		Contributor's Job Title retired	<u> </u>			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	retired					-		
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDUL	E A(J)1
	The Instru	The Instruction Guide explains how to complete this form.					(J)1:
2	FILER NAME				3	Filer ID (Ethics Comm	ission Filers)
		Flores, Abiel (Mr.)		\bot	00088105		
4	Date 02/05/2024	Full name of contributor Flores, Vicente A.Contributor address; City;	out-of-state PAC (ID#:	·		Amount of Contribution	(\$) \$250.00
		Mission, TX 78572					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	self employe	ed		self employed			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spous	se (if any)	
12		s a child, law firm of parent(s) (if any)				
	ii continuator i	o a cima, law min or parcin(o) (in carry)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	\	T	Amount of Contribution	(\$)
	02/02/2024	G. Lopez Law Group, P	—	J		Amount of Contribution	\$1,500.00
	02/02/2024						Ψ1,500.00
		Contributor address; City;	State; Zip Code				
		Edinburg, TX 78539					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	spous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)				
	ii continuator i	o a orma, ravi mini or paroria(o) (
-	Date	Full name of contributor	out-of-state PAC (ID#:	1	T	Amount of Contribution	(\$)
	01/27/2024	Gutierrez, Isaias	United State 1 AC (ID#.			7 anount of Contribution	\$100.00
	01/21/2021	Contributor address; City;	State: 7in Code				Ψ100.00
		Contributor address, City,	State, Zip Code				
		Mission TV 70572					
		Mission, TX 78573		T - "			
		Principal Occupation		Contributor's Job Title			
	self employe			self employed			
		employer/law firm		Law firm of contributor's s	spous	se (if any)	
	self						
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/28
2	FILER NAME	44.			3	Filer ID (Ethics Commission Filers)
	Flores, Abiel				╄	00088105
4	Date 5 Full name of contributor		7	Amount of Contribution (\$) \$1,000.00		
		6 Contributor address; City;	State; Zip Code			
		Mission, TX 78572				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10) Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/06/2024	LJ2 Investments, LLC				\$1,000.00
		Contributor address; City;	State; Zip Code			
		Pharr , TX 78577		·		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/01/2024	Linebarger, Goggan, Bla	–			\$1,500.00
					1	¥ =,000000
		, , . . , . ,				
		Austin, TX 78760				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/28
2	FILER NAME Flores, Abiel	(Mr.)			3	Filer ID (Ethics Commission Filers) 00088105
4	4 Date 01/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Martinez, Cipriano S. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,000.00		
Ļ		Mission, TX 78573		T		
8		Principal Occupation		9 Contributor's Job Title		
_	self employe			self employed		
10	Self	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/06/2024	Oral & Maxillofacial Surg				\$200.00
	0	Edinburg, TX 78539		I a		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/05/2024	Ortega, Jessica	_			\$1,000.00
		Contributor address; City; s Mission, TX 78572	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	self employe	ed		self employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/28		
2	FILER NAME	FILER NAME 3		3 Filer ID (Ethics Commission Filers)	
	Flores, Abiel	(Mr.)			00088105
4	Date 01/30/2024	5 Full name of contributor Perez, Aurora E.	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
		6 Contributor address; City; StMission, TX 78572	ate; Zip Code		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title self employed	•
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
	self				(
12	! If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/01/2024	Pilar Brito POD			\$1,000.00
		Contributor address; City; St	ate; Zip Code		
		M. All TV 70504			
		McAllen, TX 78504		T	
	Contributor's F	Principal Occupation		Contributor's Job Title	
	Contributor's 6	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/06/2024	Quintanilla Law Office PLI	_C		\$1,000.00
		Contributor address; City; St	ate; Zip Code		
_	Contributorio	McAllen, TX 78504		Contributorio Joh Titlo	
	Contributors	Principal Occupation		Contributor's Job Title	
	Contributor's 6	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/28	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Flores, Abie	l (Mr.)		00088105
4	Date	ate 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
	02/08/2024	RGV Oral & Maxillofacial Surgical Center		\$500.0
		6 Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		
_	Date	Full name of contributor	, , , , , , , , , , , , , , , , , , ,	Amount of Contribution (\$)
	01/30/2024	Full name of contributor out-of-state PAC (ID# Ramon, Worthington, Nicolas & Cantu, PLLC	E)	\$500.0
	01/30/2024	Contributor address; City; State; Zip Code		
	Contributor's I	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor	t:)	Amount of Contribution (\$)
	01/30/2024	Redline Development, LLC		\$1,000.0
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/28
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Flores, Abie	l (Mr.)			00088105
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Reyna, Maria G. 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$200.00		
		Mission, TX 78574			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	self employe	ed		self employed	
10		employer/law firm		11 Law firm of contributor's s	pouse (if any)
	self				
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/02/2024	RolyMar, LLC	out of state 1710 (IBIT.)	\$250.00
	0_,0_,_0	Contributor address; City; S	State: Zin Code		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
		Mission, TX 78572			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/26/2024	Sandia Depot, Inc	_		\$500.00
		Contributor address; City; \$	State; Zip Code		
		Edinburg, TX 78540			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/28
2	FILER NAME Flores, Abiel	FILER NAME Flores, Abiel (Mr.)			3	Filer ID (Ethics Commission Filers) 00088105
4	Date 01/26/2024	5 Full name of contributor Sharyland Chiropractic6 Contributor address; City;			7	Amount of Contribution (\$) \$250.00
		Mission, TX 78572				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/06/2024	Tijerina Law Group Contributor address; City;				\$1,500.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/07/2024	Villarreal, Maria				\$75.00
		Contributor address; City; Mission, TX 78574	State; Zip Code			
	Contributor's I	I		Contributor's Job Title	<u> </u>	
	self employe			self employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	self					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)			
	The Instruction	n Guide explains how to complete this f		iges Schedule E(J): 1 Rpt: 14/28				
2	FILER NAME Flores, Abiel (Mr	:)		3 Filer ID 000881	(Ethics Commission Filers)			
4	TOTAL OF UN	ITEMIZED LOANS		<u> </u>	\$			
5	Date of loan 02/12/2024	7 Name of lender out-of-state PA Flores, Abiel	C (ID#:)	9 Loan Amount (\$) \$40,000.00			
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate			
	No	Mission, TX 78574			11 Maturity Date			
12	Lender's Principal	Occupation	13 Lender's Job Title		•			
	attorney		attorney					
14	Lender's Employer		15 Law Firm of lender's spous	se (if any)				
16		w firm of parent(s) (if any)						
10	il lelluel is cilliu, la	w iiiii oi pareiii(s) (ii aiiy)						
17	Description of Coll X None	ateral	18 Check if personal funds we	d into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guarantee					
	X not applicable	21 Guarantor address; City; State;	Zip Code					
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title					
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)					
27	If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.			
1	Total pages Schedule F1:	2 FILER NAME Flores, Abiel (Mr.)	;	3 File	r ID 188105	(Ethics Commission Filers)
_	Sch: 1/10 Rpt: 15/28				00103	
4	Date 02/13/2024	5 Payee name Arturo's Bar and Grill				
6	Amount (\$) \$1,391.24	7 Payee address; City; State; Zip Code 2303 W. Expwy 83				
		Weslaco , TX 78596				
8	PURPOSE OF EXPENDITURE	Event Expense	Description Check if travel or Check if Austin, campaign eve	TX, office		plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	Date	Payee name				
	02/02/2024	Barajas, Juanita				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6204 N. Bentsen Palm Dr.				
		Mission, TX 78574				
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel or Check if Austin, Contract labor			plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld
	Date	Payee name				
	02/21/2024	Bruno, Sabrina Maxine				
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1401 International				
		Edinburg, TX 78539				
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel or Check if Austin, Contract labor			plete Schedule T. I expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/10 Rpt: 16/28	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	02/06/2024	Cantu, Javier
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Alamo, TX 78516
Ļ	DUDDOGE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	Cantu, Victoria
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code
		La Joya, TX 78560
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2024	Garcia, Oscar
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 21223 Main St.
		Edcouch, TX 78538
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for					· · · · · · · · · · · · · · · · · · ·			
Ļ		-			ilue explains nov	v to con	пріс	te tilis ioiiii.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/10 Rpt: 17/28		Flores, Abie	l (Mr.)						00088105		
4	Date	5	Payee name									
	02/07/2024		Garcia, Pete)								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					_
	\$2,000.00		118 N. Stand		,	,						
	Ψ2,000.00		110 111 01011	aara								
				V 70500								
			San Juan, T	X 78589								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract La	abor					de of Texas. Com	•	
								contract labor		officeholder living	g expense	
								COITHACT IADOI	l			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office he	eld	
	experialitate to bettern 6/61	'										
	Date		Payee name									
	02/16/2024		Garza, Lucia	ano								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$1,000.00		3517 Palm (Grove Dr.								
	·											
			Weslaco ,	TY 79506								
						1.	<i>.</i>					
	PURPOSE OF	(a)		e Categories listed at th		le)	(b)	Description	outoi	de of Toyon Com	ploto Cobodulo T	
	EXPENDITURE		Salaries/Wa	ges/Contract La	abor			=		de of Texas. Com officeholder living		
								contract labor			, - ,	
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	ce soug	ht			Office he	-jų	_
	expenditure to benefit C/OI		Janara ato, o me	onolder name	O.I.I.	oc ocug	,			Omoo n	ord .	
	Date		Payee name									
	02/05/2024		Garza, Lucia	ano								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$738.00		3517 Palm (Grove Dr.								
			Weslaco ,	TX 78596								
	PURPOSE	(a)	Category (so	e Categories listed at th	no ton of this schodul	lo)	(b)	Description				
	OF	``		ges/Contract La		ie)	(- ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Galarioo, Wa	900,001111401 20				Check if Austin,	, TX,	officeholder living	j expense	
								contract labor	r			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
l												

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 C

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 18/28	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	02/12/2024	Garza, Norma
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Palmieur TV 79572
Ļ		Palmview, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/19/2024	Hayes Medrano, Selina
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 612 W. Nolana, Suite 250
		McAllen, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2024	Hayes Medrano, Selina
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 612 W. Nolana, Suite 250
		McAllen, TX 78504
	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

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

l	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 19/28	Flores, Abiel (Mr.)		00088105
4	Date	5 Payee name		
	02/22/2024	Hayes Medrano, Selina		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$300.00	612 W. Nolana, Suite 250		
		McAllen, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				event reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1	_	
F	Date	Payee name		
	02/14/2024	Jasso, Prisylla		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,000.00	612 W. Nolana, Suite 250		
		McAllen, TX 78504		
H	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				finance reports
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u> uaht	Office held
	expenditure to benefit C/OI		9	
F	Date	Payee name		
	02/16/2024	Kool Rivera Media		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$5,000.00	821 S. Valley View Rd.		
		•		
		Donna, TX 78537		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	uabt	Office held
	expenditure to benefit C/OI		agnt	Onice field
\vdash				

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 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: 6/10 Rpt: 20/28	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	02/08/2024	Medina, Gerardo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	1418 Beech
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign advertisement
		campaign advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/02/2024	Mejia, Edward
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	614 S. Virginia
		Mercedes, TX 78550
	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
		contract labor
		33.1.143.1.143.1
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/06/2024	Olvera, Jonas
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	609 Melba Carter
		Mission, TX 78572
	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 contract labor
		Contract labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

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/Officeholder/Politica Credit Card Payment	ll 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: 7/10 Rpt: 21/28	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	02/14/2024	Ontiveros Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$562.00	915 E. Ferguson
		Pharr , TX 78577
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
		campaign material
		Campaign material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/13/2024	Pena, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	
		Pharr , TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor
		Contract lass.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/17/2024	Ramos, Nancy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 22/28	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	02/12/2024	Reyna, Margarita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
		Weslaco, TX 78596
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 contract labor
		Contido labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	02/12/2024	Rivera, Velia L.
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	
		Palmview, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		contract labor
	Operation ONLY if allowed	On didn't 10ff asked day game.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	Sanchez, Manuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,000.00	
		Elsa, TX 78543
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign consulting
_	Operation Children	On didn't 10 ff a halden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 23/28	Flores, Abiel (Mr.)	00088105
4	Date	5 Payee name	•
	02/14/2024	Sanchez, Stephanie Lee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9,000.00		
		Elsa, TX 78543	
8	PURPOSE OF	`	Description
	EXPENDITURE	Consulting Expense	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/OH	Candidate/Officeholder name Office sought	Office held
	experialture to beriefit C/Or	1	
	Date	Payee name	
	02/16/2024	Vallejo, Evelyn	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1602 S. Airport Dr.	
		Weslaco , TX 78596	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor L	Check if days outside of rexast Complete Scriedule 1. Check if Austin, TX, officeholder living expense
			contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
		4	
\vdash		1	
	Date	Payee name	
	Date 02/02/2024	Payee name Vento Reyes, Norma	
	Date 02/02/2024 Amount (\$)	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code	
	Date 02/02/2024	Payee name Vento Reyes, Norma	
	Date 02/02/2024 Amount (\$)	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd	
	Date 02/02/2024 Amount (\$) \$500.00	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570	
	Date 02/02/2024 Amount (\$)	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T.
	Date 02/02/2024 Amount (\$) \$500.00	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 02/02/2024 Amount (\$) \$500.00 PURPOSE OF	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	Date 02/02/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor
	Date 02/02/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 02/02/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor
	Date 02/02/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Vento Reyes, Norma Payee address; City; State; Zip Code 3457 PFC Pedro Martinez Rd Mercedes, TX 78570 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Gift/Awards/Memorials I Legal Services The Instruction Gu	·		ages/Contract Labor		Travel Out of Dis	strict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 10/10 Rpt: 24/28		Flores, Abiel	(Mr.)					00088105		
4	Date	5	Payee name					_			
	02/22/2024		Vento Reyes	s, Norma							
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Cod	de				
	\$330.00		3457 PFC P6	edro Martinez F	≀d						
			Mercedes, T	X 78570							
8	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sch	edule)	(b) Description				
	OF EXPENDITURE			ges/Contract La		,	Check if travel			plete Schedule T.	
	LAFLINDITORL						_		, officeholder living	g expense	
							contract labo	Ν			
Ļ	Operation ONE V & discont	Ц	2 II - I - 4 - 10ff -	-1-1-1		Nee:	.l. s		O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	enolder name	C	Office soug	jnt		Office h	eia	
_											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Serv				ypense Vages/Contract Labor complete this form.		Travel Out of District OTHER (enter a cateo	gory not listed above)
1	Total pages Schedule G:	2	FILER NAME	=					3	Filer ID (Ethics	s Commission Filers)
	Sch: 1/4 Rpt: 25/28		Flores, Abie	el (Mr.)						00088105	
4	Date	5	Payee name								
	02/02/2024		Barajas, Ju	anita							
6	Amount (\$)	7	Payee addre	ess; C	city;	State;	Zip Co	ode			
	\$500.00		6204 N. Be	ntsen Pa	alm Dr.						
	Reimbursement from political contributions intended		Mission, TX	(78574							
8	PURPOSE	(a)	Category (Se	ee Categori	es listed at the to	p of this sche	edule)	(b) Description	Cr	neck if travel outside of	Texas. Complete Schedule T.
	OF EXPENDITURE		Salaries/Wa	ages/Co	ntract Labo	or			Ch	neck if Austin, TX, office	eholder living expense
								contract labor			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder na	me			Office sought		Office	e held
	Date		Payee name								
	02/01/2024		Carcano, Ju	ulie							
	Amount (\$)		Payee addre	ess; C	City;	State;	Zip Co	ode			
	\$1,000.00										
	Reimbursement from										
	X political contributions intended		Edinburg, T	X 78539	9						
	PURPOSE		Category (Se	ee Categori	es listed at the to	p of this sche	edule)	Description	Cr	neck if travel outside of	Texas. Complete Schedule T.
	OF EXPENDITURE		Salaries/Wa	ages/Co	ntract Labo	or			Ch	neck if Austin, TX, office	eholder living expense
								contract labor			
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officel	holder na	me			Office sought		Office	e held
	C/OH										
F	Date		Payee name								
	02/01/2024		Esquivel, C								
_		\vdash	Payee addre		`itv:	State:	Zip Co	ndo.			
	Amount (\$) \$1,500.00		4101 Hibiso		city;	State,	Zip CC	, de			
			41011110130	Jus							
	X Reimbursement from political contributions intended		McAllen, TX	X 78501							
	PURPOSE		Category (Se	ee Categori	es listed at the to	p of this sche	edule)	Description	_		Texas. Complete Schedule T.
	OF EXPENDITURE		Salaries/Wa	ages/Co	ntract Labo	or			Cr	neck if Austin, TX, office	eholder living expense
								contract labor			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder na	me			Office sought		Office	e held
Г											
l											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Printing Expense Pr		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 2/4 Rpt: 26/28	Flores, Abiel (Mr.)		00088105			
4	Date	5 Payee name					
	02/07/2024	HIDA, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$6,000.00						
		TIOI W. VOIGIUIS DIVU					
	X Reimbursement from political contributions intended	Palmview, TX 78572					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense			
	EXPENDITORE		Campaign consult	ting			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	02/14/2024	Kasa RGV, LLC					
	Amount (\$) Payee address; City; State; Zip Code						
	\$1,000.00	1616 E. Griffin Pkwy					
	Reimbursement from						
	X political contributions intended	Mission, TX 78577					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Candidate/Officeholder/Political Committee	donation				
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit		3				
	C/OH						
	Date	Payee name					
	02/05/2024	Kool Rivera Media					
	Amount (\$) Payee address; City; State; Zip Code						
	\$5,000.00	821 S. Valley View Rd.					
	Reimbursement from						
	x political contributions intended	Donna, TX 78537					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense			
			digital ads				
L							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comn Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)	
	Sch: 3/4 Rpt: 27/28	Flores, Abi	el (Mr.)			00088105	
4	Date	5 Payee name					
	02/07/2024	Moreno, Pi					
6	Amount (\$)	7 Payee addre		; Zip Co	ode		
	\$400.00	417 W. Soi	uthland Ave.				
	X Reimbursement from political contributions intended	Mission, T	X 78572				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Salaries/W	ages/Contract Labor		L	Check if Austin, TX, officeholder living expense	
					contract labor		
Ļ	Complete ONII V if direct	Candidate/Office	haldar nama		Office accorded	Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enoider name		Office sought	Office held	
	Date	Payee name	2				
	02/01/2024	Ojeda, Ang	gela				
	Amount (\$)	ınt (\$) Payee address; City; State; Zip Code					
	\$1,500.00	813 Winter	haven				
	Reimbursement from political contributions intended	McAllen, T	X 78501				
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Salaries/W	ages/Contract Labor		L	Check if Austin, TX, officeholder living expense	
					contract labor		
		Landidate/Office	eholder name		Office sought	Office held	
	expenditure to benefit C/OH						
F	Date	Payee name					
	02/01/2024	Radio Unite	ed				
	Amount (\$)	Payee addre	•	; Zip Co	ode		
	\$807.50	1300 N. 10	th St.				
	Reimbursement from political contributions intended	McAllen, T	X 78501				
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising	Expense			Check if Austin, TX, officeholder living expense	
					ads		
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought	Office held	
	expenditure to benefit C/OH				3		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 28/28 Flores, Abiel (Mr.) 00088105 Date Payee name 02/01/2024 Robledo, Miguel 6 Amount (\$) Payee address; City; State; Zip Code \$13,000.00 15th Street Reimbursement from political contributions intended Х McAllen, TX 78501 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** campaign consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH