CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	this form.	Filer ID (Ethics Commis 00080439	sion Filers)	2 Total pages fil	led: 32
3 CANDIDATE /	MS/MRS/MR F	IRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable P	Peter P.			Date Received ELECTRONIC	ΔIIV EII ED
					07/15/2024	ALLI I ILLD
		AST Flores		SUFFIX	01/13/2024	
	Pele	lores				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CITY	' ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1 E Greenway Plaza St 225				Receipt #	Amount
Change of Address	Houston, TX 77046					
	, , , , , , , , , , , , , , , , , , , ,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FI	IRST		MI	-	
TREASURER NAME	Mr. Ja	ames E.				
	NICKNAME LA	 AST		SUFFIX		
		lores		3011170		
		10100				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	1 E Greenway Plaza Ste 225					
(Residence or Business)						
	Houston, TX 77046					
7 CAMPAIGN	AREA CODE PHONE I	NUMBER E	XTENSION			
TREASURER PHONE	(713) 526-3399					
FIIONE						
8 REPORT TYPE		0011-1-1-1-1-1		- · · · · ·		
'''-	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before e		Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	THI	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		mary	Runoff	Other	
		Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 24			State Senator D	istrict 24	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Flores, Peter P. (The	Honorable)	14 Filer ID (00080439	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the 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	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 94,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 61,325.54
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 46,093.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hone	orable Peter P. Flores	e
			Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me. by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	,	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVE	R SHEET PG 3 3 of 32
	ER NAN res, Pe	ME eter P. (The Honorable)	19 Filer ID 00080439	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	94,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	59,947.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,377.58
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 FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/32	
2		r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 05/01/2024	 5 Full name of contributor out-of-state PAC (ID#:_A&M PAC 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,500.00
ρ	Date 5 Full name of contributor out-of-state PAC (ID#:					
	rincipal occu	pation 7 300 title (See Instructions)	2 Employer (See Instructions	,		
		AFSCME TX Correctional Officers PAC			Amount of Contribution (\$)	\$5,000.00
	Dringinal occu		Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
		Allen Boone Humphries Robinson LLC)		Amount of Contribution (\$)	\$2,500.00
The Instruction Guide explains how to complete this form. Sch: 1/9 Ri Fiores, Peter P. (The Honorable) 4 Date						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		BNSF RailPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		Blackridge Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/32	
2	FILER NAME Flores, Peter	P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 02/07/2024	5 Full name of contributor out-of-state PAC (ID#:_CRAFTPAC		7		\$2,500.00
		The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/32				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/01/2024	Cantella, Chad			Amount of Contribution (\$)	\$500.00
	Principal occu		Employer (See Instructions	·/_		
	Principal Principal	pation / Job title (See Instructions)		·)		
	Date 01/12/2024	Choctaw Nation Of Olkahoma)		Amount of Contribution (\$)	\$5,000.00
		Durant, OK 74702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2024	Dallas Police Officers PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2024	Davenport, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	, , ,	 ;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/32	
2	FILER NAME Flores, Peter	r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 02/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	Deinsinal assu	Houston, TX 77046	O Francisco (Con Instructions	$\overline{}$		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/08/2024	Full name of contributor out-of-state PAC (ID#: Heath, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Dringinal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions			
	CEO	pation / Job title (See instructions)	Grape Creek Vineyards	')		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#: Hinkle, Ron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	i)		
	Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Officers' Union Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/01/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Retired Officers Association PA Contributor address; City; State; Zip Code Houston, TX 77219	AC- Fund		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/32	
2	FILER NAME Flores, Pete	r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 05/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
8	Austin, TX 78701 Principal occupation / Job title (See Instructions) Date O5/01/2024 Date Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 2.5 Amount of Contribution (\$) \$2.5 Contributor address; City; State; Zip Code San Antonio, TX 78257 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor O6/07/2024 Full name of contributor Out-of-state PAC (ID#:					
•	r inicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
		Jackson Walker L.L.P Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu		Employer (See Instructions)		
		Kercheville, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
)		
		-			Amount of Contribution (\$)	\$150.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Pedernales Cellars)		
	Date 06/12/2024	Full name of contributor X out-of-state PAC (ID#: 4 Management & Training Corp Political Action Co Contributor address; City; State; Zip Code Centerville, UT 84014-0010			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/32	
2		P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4			C (ID#: <u>C00225342</u>	7	Amount of Contribution (\$)	\$500.00
### The Instruction The Instruction Flores, Peter P.	Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
		McGuireWoods Federal PAC Contributor address; City; State; Zip Code	C (ID#: C00225342)		Amount of Contribution (\$)	\$250.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions) 		
	· ····o.pa. ooda			,		
		Full name of contributor X out-of-state PAG Motorola Solutions Inc PAC Contributor address; City; State; Zip Code	C (ID#: C00075341)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	 ns)		
		Full name of contributor out-of-state PAG NRG Energy Inc Political Action Committe Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ns)		
		Full name of contributor out-of-state PAG Oberhelman, Diane Contributor address; City; State; Zip Code Edwards, IL 61528	C (ID#:)		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions)	Employer (See Instructions Oberhelman Family Fou		lation	
	· canaci		Osemennam anny Fot	-and		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/32	
2	FILER NAME Flores, Peter	r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 05/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$750.00
•	Dringing oggu	Section Sect				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)) 		
	Date 05/01/2024	Political Action Committee of the Independent Ir Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu		Employer (See Instructions)		
	Date 05/01/2024	Public Blueprint LLC			Amount of Contribution (\$)	\$2,500.00
	Principal occu		Employer (See Instructions)		
	Date 05/01/2024	Rodriguez, Marc Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions))		
	Date 05/01/2024	Ryan Clay Associates, PLLC Texas Star Allianc Contributor address; City; State; Zip Code	e Public Strategies		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/32	
2		P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 01/22/2024	TSA PAC		7	Amount of Contribution (\$)	\$3,000.00
0	FILER NAME Flores, Peter P. (The Honorable) Date 01/22/2024 TSA PAC 3 Filer ID (Ethics Commission 00080439) 7 Amount of Contribution (\$)					
0	Principal occu	oalion / Job title (See instructions)	9 Employer (See Instructions)		
		Texas Apartment Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,500.00
	Principal occu		Employer (See Instructions	<u> </u> ;)		
	•	,		<u></u>		
		Texas Bail PAC)		Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Texas Land Title Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Texas Manufactured Housing Assoc., Inc. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/32	
2	FILER NAME Flores, Peter	r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 02/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$750.00
_	Deignaignal annu	ILER NAME lores, Peter P. (The Honorable) ate 5 Full name of contributor				
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/19/2024	The American Electric Power Company Texas C Contributor address; City; State; Zip Code	Committee For		Amount of Contribution (\$)	\$2,500.00
	Principal occu		Employer (See Instructions)		
	Date 05/01/2024	Tudor, Faith			Amount of Contribution (\$)	\$500.00
	Principal occu		Employer (See Instructions	<u> </u>		
	o.pa. 000a	panon, cos uno (cos monastrono)	pie) 6. (666 illea delleile	,		
	Date 03/05/2024	USAA Employee PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/29/2024	Veterinarian Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete thi	s form.		es Schedule A1: Rpt: 12/32	
	FILER NAME Flores, Pete	r P. (The Honorable)			(Ethics Commission	on Filers)
	Date 01/12/2024	Full name of contributor	D#: <u>C00093054</u>	7 Amount of	f Contribution (\$)	\$1,500.00
		Bentonville, AR 72716				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
	Date 01/12/2024	Full name of contributor X out-of-state PAC (II Walgreens PAC	D#: <u>C00160770</u>	Amount of	f Contribution (\$)	\$250.00
		Contributor address; City; State; Zip Code				
	Principal occu	Washington, DC 20005 upation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (II Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code		Amount of	f Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78265 upation / Job title (See Instructions)	Employer (See Instruction	ons)		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total nagge Cab	1
1	Total pages Schedule F1: Sch: 1/18 Rpt: 13/32	2 FILER NAME Flores, Peter P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080439
4	Date	5 Payee name
	05/01/2024	American Express
6	Amount (\$) \$673.75	7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$283.54	PO Box 650448
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
		Campaign Creak Cara raymont
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St Ste 1770
		New Orleans, LA 70112
	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.
		Campaign Merchant Account Foos
		Campaign Merchant Account Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Com	mittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission F	ilers)
L	Sch: 2/18 Rpt: 14/32	L F	Flores, Pete	r P. (The Honorab	ole)					00080439		
4	Date	5	Payee name									
L	06/11/2024	L /	Anedot									
6	Amount (\$)	7 F	Payee addres	ss; City;	State;	Zip Co	de					
	\$6.30] :	1340 Poydra	as St Ste 1770								
		11	New Orlean	s, LA 70112								
8	PURPOSE	(a) (Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	Fees					=		de of Texas. Comp officeholder living		
								Campaign Me				
								1 9 111				
9	Complete ONLY if direct	C	andidate/Offic	ceholder name	0	office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OH	Н										
	Date	F	Payee name									
	06/12/2024	/	Anedot									
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	ode					
	\$200.30] :	1340 Poydra	as St Ste 1770								
			New Orlean	s, LA 70112								
	PURPOSE	(a) (Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l	=ees	-		•		=		de of Texas. Com		
								Campaign Me		officeholder living		
								Campaign Me	JI UI	iani Accoun	ii i 663	
_	Complete ONLY if direct	L Ca	andidate/Offic	ceholder name	<u> </u>	office sou	l aht			Office he	eld	
	expenditure to benefit C/Oh				J		J					
-	Date		Payee name									
	06/27/2024	l	Anedot									
	Amount (\$)	F	Payee addres	ss; City;	State:	Zip Co	de					
	\$4.30	l	-	as St Ste 1770	2,	, ,	•					
			•									
			New Orlean	s, LA 70112								
	PURPOSE			e Categories listed at the to	on of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l	Fees	o categories iisted at tile ti	op 01 tins 30110	, autoj	<u> </u>	Check if travel of		de of Texas. Com		
	LAFLINDITORE							_		officeholder living		
								Campaign Me	erch	iant Accoun	ıı rees	
	Complete ONLY if direct		andidato/Offic	ceholder name		office sou	aht			Office he	ald	
	expenditure to benefit C/O		anulate/OIII	cholder hande	O	mice SUU	ynı			Onice He	Ju	

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		Out of District R (enter a category not listed above)
_	Tatal as a second of Education Education		ID (Fabrica Commission Filess)
1	Total pages Schedule F1: Sch: 3/18 Rpt: 15/32		ID (Ethics Commission Filers) 30439
4	Date	5 Payee name	
	01/29/2024	Bell County Republicans	
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 204 N East St Ste A-1	
		Belton, TX 76513	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations Made By	exas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution	Judet living expense
		Contribution	
9	Complete ONLY if direct expenditure to benefit C/Ol		Office held
	Date	Payee name	
	01/01/2024	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza Ste 225	
		Houston, TX 77046	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Te	exas. Complete Schedule T.
		Campaign Consulting	
		- Campaign Consuming	,
	Complete ONLY if direct expenditure to benefit C/OI		Office held
	Date	Payee name	
	02/01/2024	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00		
	Ψ2,300.00	1 L Greenway Flaza Ste 223	
		Houston, TX 77046	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consuming Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh Campaign Consulting	
		Campaign Consuling	1. 000
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought 0	Office held
	expenditure to benefit C/OI		ZINGO NGIU

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/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: 4/18 Rpt: 16/32	Flores, Peter P. (The Honorable) 00080439	
4 Date	5 Payee name	
03/01/2024	Blakemore & Associates	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	1 E Greenway Plaza Ste 225	
	Houston, TX 77046	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Campaign Consulting Fees	
	Gumpaigh Consulting 1 ccs	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
04/01/2024	Blakemore & Associates	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	1 E Greenway Plaza Ste 225	
	Houston, TX 77046	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Consulting Fees	
	Campaign consulting rees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
05/01/2024	Blakemore & Associates	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	1 E Greenway Plaza Ste 225	
	Houston, TX 77046	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Campaign Consulting Fees	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benefit Gree	··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/18 Rpt: 17/32	2 FILER NAME Flores, Peter P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080439
4	Date 05/01/2024	5 Payee name Blakemore & Associates
6	Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Fundraising Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/01/2024	Payee name Blakemore & Associates
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225
		Houston, TX 77046
	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 Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/25/2024	Payee name Brent Hagenbuch Campaign
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2800 Shoreline Dr
		Denton, TX 76210
	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 Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/M		se s/Contract Labor		OTHER (enter a	strict i category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/18 Rpt: 18/32		Flores, Pete	r P. (The Hono	rable)					00080439		
4	Date	5	Payee name						_			
	02/16/2024			nty Republican	Club							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$250.00		101 Falling	Creek Cove								
			Marble Falls	s, TX 78654								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	dule)	(b)	Description				
	OF	<u> </u>		s/Donations Ma		uuic)	` ´	:	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ttee		ш	, TX,	officeholder living	g expense	
								Contribution				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	01/02/2024		City Of Aust	in								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$189.93		4815 Muelle	er Blvd								
			Austin, TX 7	'8723								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			plete Schedule T.	
								Campaign Au		officeholder living		
								oupa.g		0 agg		
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	01/30/2024		City Of Aust	in								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$201.38		4815 Muelle	•								
			Austin, TX 7	'8723								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)		e Categories listed at the cad/Rental Ex		aule)	(5)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		011100 01011	road/ (ornal Ex	porico			Check if Austin	, TX,	officeholder living	g expense	
								Campaign Au	ıstiı	n Lodging L	Itilities	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	eld	
	onponditure to betterit Oroti											

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 Sift/Awards/Memorials Expense Legal Services 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 o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File
Sch: 7/18 Rpt: 19/32	Flores, Peter P. (The Honorable)	00080439
4 Date	5 Payee name	•
03/04/2024	City Of Austin	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$190.36	4815 Mueller Blvd	
	Austin, TX 78723	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
O Consulate ONLY if alice at	Own distant 10 ff and a laboratory	Office hald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so OH	ought Office held
Date	Payee name	
04/02/2024	City Of Austin	
Amount (\$)	Payee address; City; State; Zip C	Code
\$186.29	4815 Mueller Blvd	
	Austin, TX 78723	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/O		
Date	Payee name	
04/30/2024	City Of Austin	
Amount (\$)	Payee address; City; State; Zip C	Code
\$259.64	4815 Mueller Blvd	
	Austin, TX 78723	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overficad/Nertical Experise	Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/18 Rpt: 20/32	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
L	05/31/2024	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.94	4815 Mueller Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
	02/14/2024	Coryell GOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	PO Box 12068
		Gatesville, TX 76528
	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 Contribution
		Contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	02/20/2024	Driskell, Cassidy
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	8072 Bassano Dr
		Round Rock, TX 78665
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Contract Labor
		Campaign Contract Labor
	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 Candidate/Officeholder/Political C

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/18 Rpt: 21/32	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	06/03/2024	Fedex Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.55	2200 Southwest Freeway
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Event Poster
		Campaigh Event 1 oster
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davisa nama
		Payee name
	06/13/2024	Michelle Evans Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1540 Keller Parkway Ste 108
		Keller, TX 76248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/09/2024	One Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.95	1301 S. Mopac Expressway Ste 400
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Austin Lodging Utilities
		Campaigh Ausun Loughly Ounties
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

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

Everil Expense Loran rec Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries/

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)

alanes/wages/contract Labor OTTLIX (enter a category

		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 22/32	Flores, Peter P. (The Honorable)		00080439
4	Date	5 Payee name		•
	02/08/2024	One Gas		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$142.35	1301 S. Mopac Expressway Ste 400		
		Austin, TX 78746		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign Austin Lodging Utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit Grot	'		
	Date	Payee name		
	03/07/2024	One Gas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$95.06	1301 S. Mopac Expressway Ste 400		
		Austin, TX 78746		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Campaign Austin Lodging Utilities
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data			
	Date 04/05/2024	Payee name One Gas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$63.29	1301 S. Mopac Expressway Ste 400		
		Austin, TX 78746		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Austin Lodging Utilities
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 11/18 Rpt: 23/32	Flores, Peter P. (The Honorable)			00080439	
4	Date	5 Payee name		•		
	05/06/2024	One Gas				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$44.33	1301 S. Mopac Expressway Ste 400				
		Austin, TX 78746				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
			C] Check if Austin, TX, o ampaign Austin		
			0.	ampaign / lastin	Loughig o	unucs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld .
	expenditure to benefit C/O				J55 1.1	
_	Date	Payee name				
	06/05/2024	One Gas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$33.65	1301 S. Mopac Expressway Ste 400				
	Ψ00.00	1001 G. Mopad Expressinay etc 100				
		Austin, TX 78746				
	PURPOSE		h) D	escription		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	, D	Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX,		
			Ca	ampaign Austin	Lodging U	tilities
	2		_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	Date	Payee name				
	01/03/2024	Raconteur Media Company				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$35.55	PO Box 26511				
		Austin, TX 78755				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) De	escription	lo of Toyon Com	plata Cabadula T
	EXPENDITURE	Advertising Expense	F	Check if travel outsid		
			Ci	ampaign Email		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	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

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: 12/18 Rpt: 24/32	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	01/03/2024	Raconteur Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 26511
		Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
		Campaigh Digital Consulting 1 ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davisa nama
	02/02/2024	Page name
		Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 26511
		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees
		Campaign Digital Consulting 1 ccs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/02/2024	Raconteur Media Company
	Amount (\$)	
	\$35.55	Payee address; City; State; Zip Code PO Box 26511
	φ33.33	FO BOX 20311
		Aughin TV 707FF
		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Distributions
	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 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 Commi Credit Card Payment									
1 Total pages Schedule F1:			ers)						
	Sch: 13/18 Rpt: 25/32	Flores, Peter P. (The Honorable) 00080439							
4	Date	5 Payee name							
	03/04/2024	Raconteur Media Company							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,500.00	PO Box 26511							
		Austin, TX 78755							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Campaign Digital Consulting Fees							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	03/04/2024	Raconteur Media Company							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.55	PO Box 26511							
		Austin, TX 78755							
	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 Email Distributions							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	04/03/2024	Raconteur Media Company							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	PO Box 26511							
		Austin, TX 78755							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense Campaign Digital Consulting Fees									
		Sampagn Digital Consuming 1 000							
	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 Candidate/Officeholder/Political Committee
Credit Card Payment

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 14/18 Rpt: 26/32	Flores, Peter P. (The Honorable)	00080439				
4	Date	5 Payee name					
	05/03/2024	Raconteur Media Company					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$35.55	PO Box 26511					
		Austin, TX 78755					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense	loutside of Texas. Complete Schedule T.				
			n, TX, officeholder living expense mail Distributions				
		Campaign	man Distributions				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	expenditure to benefit C/O		Since field				
_	Date	Payee name					
	05/03/2024	Raconteur Media Company					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,500.00	PO Box 26511					
	Ψ2,500.00	1 O BOX 20011					
		Auctin TV 70755					
		Austin, TX 78755					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Canaditing Formance	outside of Texas. Complete Schedule T.				
	EXPENDITURE	Consulting Expense	n, TX, officeholder living expense				
		Campaign Digital Consulting Fees					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	l					
	Date	Payee name					
	06/07/2024	Raconteur Media Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,500.00	PO Box 26511					
		Austin, TX 78755					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.				
	LAI LINDITORE		n, TX, officeholder living expense				
		Campaign D	igital Consulting Fees				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field				
l							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total names Schodulo F1:	,	-				
_	Total pages Schedule F1: Sch: 15/18 Rpt: 27/32	Flores, Peter P. (The Honorable) 63 Filer ID (Ethics Commission Files) 00080439					
4	Date	5 Payee name					
	06/07/2024	Raconteur Media Company					
6	Amount (\$) \$35.55	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Email Distributions					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/18/2024	Right Lists Of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel cutcide of Taxon Complete Schedule I					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign Voter Lists					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name	=				
	03/26/2024	Right Lists Of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Campaign Voter Lists					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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)

	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: 16/18 Rpt: 28/32	Flores, Peter P. (The Honorable) 00080439				
4	Date	5 Payee name				
	05/28/2024	Shipley Donuts				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$280.00	1134 Culebra Rd #101				
		O A . (
		San Antonio, TX 78201				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Donuts for Constituent Meeting				
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	Data					
	Date 03/12/2024	Payee name State of Texas				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$115.50	PO Box 12068				
	4110.00	1 0 DOX 12000				
		Austin, TX 78711				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Flags for Constituents				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	experientare to benefit Great	'				
	Date	Payee name				
	02/20/2024	Texas Senate				
	Amount (\$)	Payee address; City; State; Zip Code PO Box 12068				
	\$133.50	PO BOX 12008				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Flags for Constituents				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/18 Rpt: 29/32 Flores, Peter P. (The Honorable) 00080439 4 Date Payee name 01/01/2024 Woodmagic Properties LLC 6 Amount (\$) Payee address; City; State; Zip Code \$2,750.00 PO Box 341435 Lakeway, TX 78734 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Austin Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 Woodmagic Properties LLC Amount (\$) Payee address; City; State; Zip Code \$2,750.00 PO Box 341435 Lakeway, TX 78734 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Austin Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2024 Woodmagic Properties LLC Amount (\$) Payee address: City: State; Zip Code \$2,750.00 PO Box 341435 Lakeway, TX 78734 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Austin Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Committee Leg			Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 18/18 Rpt: 30/32	Flores, Peter P. (The Honorable)	00080439				
4	Date	5 Payee name					
	04/01/2024	Woodmagic Properties LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
U	\$2,750.00	PO Box 341435					
	Ψ2,730.00	1 O B0X 341433					
		Lakeway, TX 78734					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Onice Overhead/Nerital Expense	outside of Texas. Complete Schedule T.				
		Campaign Au	, TX, officeholder living expense				
		Campagnine	Still Lodging				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/O		Office field				
	Date	Payee name					
	05/01/2024	Woodmagic Properties LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
\$2,750.00 PO Box 341435							
		Lakeway, TX 78734					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.				
Cneck if Austin,			X, officeholder living expense				
Campaign Austin Lodging							
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		000				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held				
	<u> </u>						
	Date	Payee name					
	06/01/2024	Woodmagic Properties LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,750.00	PO Box 341435					
Lakeway, TX 78734							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T.				
Check if Austin, TX, officeholder living expense							
		Campaign Au	isun Louging				
	0 1: 0:::::::::::::::::::::::::::::::::		000				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
		•					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officerolder/Folitica	ŭ	ruction Guide explains how	to complete th		TILK (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:					3 Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 31/32	Flores, Peter P. (Th	00080439				,	
4	CREDIT CARD ISSUER			EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$125.54	(b) Date of Charge 04/29/2024	(c) Date(s) Credit Card Issuer 06/03/2024		r Paid		
7	PAYEE	(a) Payee name Office Depot (b) Payee address; 5300 South MO PAC Ex Austin, TX 78749-1109 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Capitol Office Supplies		h MO PAC Exp	City, y Ste 100	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political			(b) Description				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$158.00	(b) Date of Charge 05/06/2024	(c) Date(s) 0 06/03/202	Credit Card Issue 4	Paid		
PAYEE		(a) Payee name Texas GOP		(b) Payee at 807 Brazo	S	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Descripti Event Tick	ion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$580.29	(b) Date of Charge 05/15/2024	(c) Date(s) (Credit Card Issuei	Paid		
	PAYEE (a) Payee name The RK Culinary Group		(b) Payee at 900 East N San Anton	•	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	1 * * * * *		(b) Descripti Convention	ion			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought		Office held		
l								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	Gift/Awards I Committee Legal Serv	s/Memorials Expense Prices Si	rinting Expense alaries/Wages/Contract Lab	Tra oor OT	avel Out of District HER (enter a category	/ not listed at	oove)
			ruction Guide explains how	v to complete this for				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
l	Sch: 2/2 Rpt: 32/32	Flores, Peter P. (Th	ie Honorable)			00080439		
4	CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
		\$513.75	04/01/2024	05/01/2024				
7	PAYEE	(a) Payee name		(b) Payee address	s;	City,	State,	Zip Code
l		, ,		1205 North Lamar Blvd			·	
l		Austin Land and Ca	attles	1200 North Ean	nai biva			
l				Acceting TV 7070	00			
Ļ		(a) Oata ware		Austin, TX 7870	03			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l	EXPENDITORE	Food/Beverage Expe		Campaign Staff	f Meeting			
l	Political	. coa, zovo. algo z.kpo.						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	☐ Chec	ck if Austin, TX, o	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought		Office held		
	xpenditure to benefit C/OH							