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 30 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Abiel NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 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 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 05/19/2024 07/07/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary χRunoff Other 05/28/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 332

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Flores, Abiel (Mr.)		14 Filer ID 00088105	(Ethics Comr	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or offic	eholder's kno	wledge 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 THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, ,	\$	0.00
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$	6,450.00
EVENDITUE.	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	<u> </u>	
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$	61,089.53
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	288,450.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		M	1r. Abiel Flores		
			f Candidate or Officeho	older	
AFFIX NO	ΓARY STAMP / SEAL AB0	DVE			
Sworn to and subso	ribed before me, by the s	aid_	, this the		day
		ertify which, witness my hand and seal of office.			_ ,
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerir	ng oath
-	2	Ç			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

)VE	3 of 30
	LER NAM ores, Ab	ME Diel (Mr.)	19 Filer ID 00088105	(Ethic	cs Commission Filers)
	CHEDUL AME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	6,450.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	21,500.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	57,686.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,402.57
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	
i					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A	4(J)1
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/30	
	FILER NAME Flores, Abiel		,		3	Filer ID (Ethics Commission 00088105	on Filers)
4	Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:) C & C Waste Management LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Contributor's F	Edinburg, TX 78539 Principal Occupation		9 Contributor's Job Title			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12	12 If contributor is a child, law firm of parent(s) (if any)						
	Date O5/20/2024 Full name of contributor out-of-state PAC (ID#:) Corona, Tomas (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00	
		McAllen, TX 78502				_	
		Principal Occupation	ļ	Contributor's Job Title			
	Contributor's e	employer/law firm		n/a Law firm of contributor's sp	ous	se (if any)	
		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ut-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
05/20/2024 Koeneke & Gutierrez PLLC Contributor address; City; State; Zip Code McAllen, TX 78501					\$500.00		
	Contributor's F	Principal Occupation		Contributor's Job Title	<u>. </u>		
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)					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/30		
2	FILER NAME Flores, Abiel				3 Filer ID (Ethics Commission Filers) 00088105		
4	Date 05/24/2024 5 Full name of contributor out-of-state PAC (ID#:) Morales, Baldemar (Mr.) 6 Contributor address; City; State; Zip Code Mission, TX 78573		7 Amount of Contribution (\$) \$1,000.00				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	1		
	self employe	ed		n/a			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>			
		I					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$500.00				
		McAllen, TX 78504					
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm L				Law firm of contributor's sp	pouse (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 (\$)		
05/20/2024 Padilla, Keith (Mr.) Contributor address; City; State; Zip Code Mission, TX 78573			\$250.00 				
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
self employed n/a		n/a					
Contributor's employer/law firm self				Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if a	ny)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	The Instruction Guide explains how to complete this form.				ages Schedule A(J)1: /3 Rpt: 6/30		
2	FILER NAME Flores, Abiel				3 Filer ID 00088	(Ethics Commissio	n Filers)	
4	Date 05/20/2024	The Yzaguirre Law Firm PLLC 6 Contributor address; City; State; Zip Code		7 Amoun	t of Contribution (\$)	\$500.00		
8	Contributor's I	McAllen, TX 78504 Principal Occupation		9 Contributor's Job Title				
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ouse (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#: 05/28/2024 V Flores Trucking LLC Contributor address; City; State; Zip Code			Amoun	t of Contribution (\$)	\$700.00		
	Contributor's I	Palmview, TX 78574 Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	ouse (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#:)	Amoun	t of Contribution (\$)	\$500.00		
	Contributor's I	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm		Law firm of contributor's sp	ouse (if any	()				
	If contributor is	s a child, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)				SCHEDULE E(J)
	The Instruction Guide explains how to complete this form.			1		ages Schedule E(J): /2 Rpt: 7/30
2	FILER NAME Flores, Abiel (Mi	r.)		1	Filer ID	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$
5	Date of loan 05/20/2024	7 Name of lender	AC (ID#:			9 Loan Amount (\$) \$18,500.00
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 Attorney	Occupation	13 Lender's Job Title			•
14	Lender's Employe		15 Law Firm of lender's spous	se (if	f any)	
16	If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Collateral X None		18 Check if personal funds we	ere c	deposite	d into political account (See Instructions)	
19 GUARANTOR INFORMATION 20 Name of guarantor					22 Amount Guaranteed (\$)	
	X not applicable 21 Guarantor address; City; State; Zip Code					
23 Guarantor's Principal Occupation			24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm			26 Law Firm of guarantor's sp	ous	e (if any)
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J): Sch: 2/2 Rpt: 8/30		
2	FILER NAME Flores, Abiel (Mr	·.)		3 Filer ID 00088	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			\$	
5	Date of loan 05/30/2024	7 Name of lender	C (ID#:		9 Loan Amount (\$) \$3,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	Mission, TX 78572			11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title		•	
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>			
17 Description of Collateral X None		18 Check if personal funds we	ere deposite	d into political account (See Instructions)		
19 GUARANTOR INFORMATION 20 Name of guarantor		20 Name of guarantor			22 Amount Guaranteed (\$)	
21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title						
25	Guarantor's Emplo	worll ou Firm	26 Law Firm of guarantor's sp	ougo (if ony	Y	
25	Guarantor's Empio	yer/Law Film	Law Firm of guarantor's sp	ouse (II 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 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/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: 1/20 Rpt: 9/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/30/2024	Alvarado, Donaciano
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
		Elsa, TX
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 campaign labor elsa
		campaign labor cisa
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/30/2024	Balli's Event Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,800.00	1618 E. Griffin Pkwy
	42,000.00	
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraising event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2024	Barron, Ramona
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	
		Alamo, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Alamo Campaign Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 2/20 Rpt: 10/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
L	06/03/2024	Bazan, Monica
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code Elsa, TX
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 campaign labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2024	Brand Boosters
	Amount (\$) \$2,756.45	Payee address; City; State; Zip Code 301 S. McColl Rd.
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense balance owed for campaign material
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2024	Cantu, Beatriz
	Amount (\$) \$750.00	Payee address; City; State; Zip Code
		Edinburg, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor Edinburg
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/20 Rpt: 11/30	Flores, Abiel (Mr.)	00088105
4 Date	5 Payee name	-
05/28/2024	Cantu , Maria	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Co	de
	San Juan, TX	
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 campaign labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
05/21/2024	Chapa, John	
Amount (\$) \$600.00	Payee address; City; State; Zip Co	de
	Edcouch, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Labor
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
05/28/2024	Chapa, John	
Amount (\$) \$500.00	Payee address; City; State; Zip Co	de
	Edcouch, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ght 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 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: 4/20 Rpt: 12/30	Flores, Abiel (Mr.) 00088105
4 Date	5 Payee name
06/10/2024	Danny's Mexican Restaurant
6 Amount (\$) \$1,921.71	7 Payee address; City; State; Zip Code 100 S. Bryan Rd. Mission, TX 78572
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. Check if Austin, TX, officeholder living expense election night
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/30/2024	Elizondo, Sylvia
Amount (\$) \$500.00	Payee address; City; State; Zip Code
	La Joya, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/30/2024	Escobedo, Francisca
Amount (\$) \$500.00	Payee address; City; State; Zip Code
	San Juan, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor San Juan
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 13/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/22/2024	Espinoza, Rosa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
		San Juan, TX
8	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
		San Juan Campaign labor
		Gail Gail Gail paigh labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/01/2024	Flores, Abiel
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,402.57	2508 E. Griffin Pkwy.
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		reimbursement for cc payments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/28/2024	Garcia, Angie
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
		Edinburg, TX
	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
		campaign labor Edinburg
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/20 Rpt: 14/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/28/2024	Garcia, Angie
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code
		Edinburg, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2024	Garcia, Hermila
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
		San Juan, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/28/2024	Gonzalez, Aaron
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
		Elsa, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/20 Rpt: 15/30	Flores, Abiel (Mr.)	00088105
4 Date	5 Payee name	I
05/30/2024	Gonzalez, Bert	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$500.00		
	Weslaco, TX	
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 campaign labor Weslaco
		campaign labor westaco
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/O		ought Office field
Date	Payoo nama	
05/30/2024	Payee name Gonzalez, Roxanne	
Amount (\$)	Payee address; City; State; Zip (Codo
\$500.00	Fayee address, City, State, Zip C	Soute
Ψ300.00		
	Waslana TV	
	Weslaco, TX	las
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		campaign labor Weslaco
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	
Date	Payee name	
05/28/2024	Gonzalez, Ruben	
Amount (\$)	Payee address; City; State; Zip (Code
\$500.00		
	Elsa, TX	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		campaign labor
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
expenditure to benefit C/O		ought Onice neid

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries The Instruction Guide explains how to c	Wages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 16/30	Flores, Abiel (Mr.)		00088105
4 Date 5	Payee name		
05/20/2024	H-E-B		
6 Amount (\$) 7	Payee address; City; State; Zip C	ode	
\$800.00	2409 E. Expwy 83		
	Mission, TX 78572		
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Travel In District	ı <u>—</u>	outside of Texas. Complete Schedule T. TX, officeholder living expense
		fuel	17, Uniceriolder living expense
		1401	
9 Complete ONLY if direct (Candidate/Officeholder name Office so	<u>l</u> ught	Office held
expenditure to benefit C/OH	Outside That is a second of the second of th	ugiit	Cilide Held
Date	Davisa nama		
05/26/2024	Payee name H-E-B		
33,23,232			
Amount (\$)	Payee address; City; State; Zip C	ode	
\$500.00	820 S. Conway		
	Mission, TX 78572		
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District	ı <u>—</u>	outside of Texas. Complete Schedule T.
		fuel Check if Austin,	TX, officeholder living expense
		luei	
Complete ONLY if direct (Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/OH	Candidate/Oniceriolder flame Onice so	ugni	Office field
5. 1			
Date	Payee name		
05/28/2024	H-E-B		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$700.00	3601 Pecan		
	McAllen, TX 78501		
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		fuel	
Complete ONLY if direct	Candidate/Officeholder name Office so	Light	Office held
Complete <u>ONLY</u> if direct (expenditure to benefit C/OH	Candidate/Officeholder name Office so	ugrit	Office field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 17/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/20/2024	Hayes Medrano, Selina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	612 W. Nolana, Suite 250
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sign workers
		Sign workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Dete	
	Date	Payee name
	05/30/2024	Hernandez, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		San Juan, TX
	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 campaign labor
		Campaign labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	05/23/2024	Kool River Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.00	821 S. Valley View Rd
		Donna, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Tent rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 10/20 Rpt: 18/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/19/2024	Lucky 7
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	923 S. Alamo Rd.
		Alamo, TX 78516
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.
		Check if Austin, TX, officeholder living expense BBQ Drive
		BBQ BINC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	05/30/2024	Marroquin, Diana
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	Tuyoo aaarooo, Oily, Olato, Elp Coac
	Ψ000.00	
		Weslaco, TX
┡	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign labor Weslaco
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	05/19/2024	Medrano, Selina
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	612 W. Nolana, Suite 250
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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: 11/20 Rpt: 19/30	Flores, Abiel (Mr.) 00088105	
4	Date	5 Payee name	
	05/20/2024	Medrano, Selina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$900.00	612 W. Nolana, Suite 250	
		McAllen, TX 78504	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		fuel reimbursement	
		Tuel rembulsement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
	Date	Payee name	_
	05/21/2024	Medrano, Selina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	612 W. Nolana, Suite 250	
		McAllen, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Poll expense	
		Toll expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Data	Power name	_
	Date 05/28/2024	Payee name Madrano, Solina	
		Medrano, Selina	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,550.00	612 W. Nolana, Suite 250	
		McAllen, TX 78504	
	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 labor	
		Campaign labor	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/O		
			_
F ~ .	rme provided by Tayas E	thics Commission www.athics state ty us Version V/ 1.0 d378al	

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	Il 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: 12/20 Rpt: 20/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	06/04/2024	Mercado, Irene
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	
		Edinburg, TX
8	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 campaign labor
		campaign labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	·	
	Date	Payee name
	05/30/2024	Mijito's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	308 N. Nebraska
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for early vote
		lood for early vote
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	05/28/2024	Payee name Morales, Susana
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,900.00	
		Sullivan City, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign labor, tents, food and beverages
		ouripaign abor, terres, rood and beverages
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 21/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/21/2024	Moran, Jesus
6	Amount (\$) \$800.00	7 Payee address; City; State; Zip Code Elsa, TX
Ļ		
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 Campaign Labor
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2024	Moran, Jesus
	Amount (\$) \$600.00	Payee address; City; State; Zip Code
		Elsa, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/26/2024	Ontiveros Printing
	Amount (\$) \$2,397.48	Payee address; City; State; Zip Code 915 E. Ferguson
		Pharr , TX 78577
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign printing
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 22/30	Flores, Abiel (Mr.)	00088105
4	Date	5 Payee name	•
	05/28/2024	Perales, Maria	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code	
		Palmview, TX	
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/21/2024	Perez, Jesus	
	Amount (\$) \$600.00	Payee address; City; State; Zip Code	
		Edcouch, TX	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ampaign Labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2024	Perez, Jesus	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code	
		Edcouch, TX	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign labor
	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 -

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	d 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: 15/20 Rpt: 23/30	Flores, Abiel (Mr.) 00088105
4	Date	5 Payee name
	05/24/2024	Rodriguez, Henry
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code
		Mission, TX
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 campaign labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2024	Rubio, Sheila
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
	Ψ500.00	
		TX
	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.
		Campaign Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2024	Salinas , Peter
	Amount (\$) \$750.00	Payee address; City; State; Zip Code
		Mcallen, TX
	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 Social Media
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

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

l	Credit Card Payment	The Instruction Guide explains how to com	olete th	is form.
1	Total pages Schedule F1: Sch: 16/20 Rpt: 24/30	2 FILER NAME Flores, Abiel (Mr.)		3 Filer ID (Ethics Commission Filers) 00088105
4	Date 05/26/2024	5 Payee name Sam's Wholesale Club		0000200
6	Amount (\$) \$131.90	7 Payee address; City; State; Zip Code 7601 N. 10th St. McAllen, TX 78504)	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense d for early vote
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ıt	Office held
	Date 05/26/2024	Payee name Sam's Wholesale Club		
	Amount (\$) \$679.26	Payee address; City; State; Zip Code 7601 N. 10th St. McAllen, TX 78504	•	
	PURPOSE OF EXPENDITURE			Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense d and supplies for early vote
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	it	Office held
	Date 05/21/2024	Payee name Santana, Aniceto		
	Amount (\$) \$750.00	Payee address; City; State; Zip Cod 403 Manhatten)	
		Donna, TX 78537		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nna Poll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1	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: 17/20 Rpt: 25/30	Flores, Abiel (Mr.)	00088105
4	Date 05/22/2024	5 Payee name Santana, Aniceto	
_			
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 403 Manhatten	
	+0,000.00		
		Donna, TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	Polling Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			a Poll
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	'	
	Date	Payee name	
	05/22/2024	Santana, Aniceto	
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 403 Manhatten	
	Ψ2,000.00	403 Maimatten	
		Donna, TX 78537	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	·
	EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			paign labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/Oi		
H		d	
	Date 05/29/2024	Payee name	
	Date 05/29/2024	Payee name Santana, Aniceto	
	Date	Payee name	
	Date 05/29/2024 Amount (\$)	Payee name Santana, Aniceto Payee address; City; State; Zip Code	
	Date 05/29/2024 Amount (\$)	Payee name Santana, Aniceto Payee address; City; State; Zip Code	
	Date 05/29/2024 Amount (\$) \$1,100.00	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule)	
	Date 05/29/2024 Amount (\$) \$1,100.00	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Polling Expense	eck if travel outside of Texas. Complete Schedule T.
	Date 05/29/2024 Amount (\$) \$1,100.00 PURPOSE OF	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Polling Expense	
	Date 05/29/2024 Amount (\$) \$1,100.00 PURPOSE OF	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Descr	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	Date 05/29/2024 Amount (\$) \$1,100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Che Che Donn Candidate/Officeholder name Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	Date 05/29/2024 Amount (\$) \$1,100.00 PURPOSE OF EXPENDITURE	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Che Che Donn Candidate/Officeholder name Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense a poll
	Date 05/29/2024 Amount (\$) \$1,100.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Santana, Aniceto Payee address; City; State; Zip Code 403 Manhatten Donna, TX 78537 (a) Category (See Categories listed at the top of this schedule) Che Che Donn Candidate/Officeholder name Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense a poll

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 18/20 Rpt: 26/30	Flores, Abiel (Mr.)	00088105					
4	Date	5 Payee name						
	05/21/2024	Saracho, Lilia						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	1003 Frio						
		Mission, TX 78572						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.					
	EXPENDITORE		n, TX, officeholder living expense					
		Campaign Sl	naryiand Poli					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
9	Complete ONLY if direct expenditure to benefit C/OI		Office field					
L	D-1-							
	Date 05/20/2024	Payee name						
		Solis, Alejandro						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00							
		Edinburg, TX						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Jaianes/ Wages/Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
		Poll	,,					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							
	Date	Payee name						
	05/29/2024	Sosa, Maria Elena						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00							
		тх						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		outside of Texas. Complete Schedule T.					
	EXPENDITURE		n, TX, officeholder living expense					
		campaign lat	oor					
L	Complete ONII V if direct	Condidate/Officeholder name	Office hold					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held					
	•							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 19/20 Rpt: 27/30	Flores, Abiel (Mr.) 00088105				
4	Date	5 Payee name				
	05/28/2024	Suarez, Norma				
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code				
Ļ		Edinburg, TX				
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 campaign labor Edinburg				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/23/2024	Tijerina, Homero				
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code				
		Palmview, TX				
	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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	05/30/2024	Torres, Maribel				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code				
		Edinburg, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign labor				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/20 Rpt: 28/30		Flores, Ab						00088105	
4	Date	5	Payee name	e						
	05/27/2024		Wal-Mart							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$1,172.59		4101 S. M							
L			Edinburg,			1				
8	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this sch	edule) (t	Description	ol oute	ide of Texas. Com	oloto Schodulo T
	EXPENDITURE		Office Ove	erhead/Rental Expe	nse		_		, officeholder living	
									nd tents for e	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder name	C	Office sough	nt		Office he	ld

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense F	Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District			
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	ion Filers)	
	Sch: 1/1 Rpt: 29/30	Flores, Abiel (Mr.)			00088105			
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNIT				
	ISSUER	America	n Express	EXPENDITURES CHARGED TO A CARD	IDITURES GED TO A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid			
		\$3,402.57	05/30/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1217 E. Expwy 83	3			
		Enterprise						
				Mission, TX 7857	'2			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Transportation Equipr		rentals				
	X Political	Expense						
	Non-Political	<u> </u>	of Texas. Complete Schedule T		if Austin, TX, officeholder living ex	rpense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held			
	<u>'</u>							

		FORM C/OH - FR					
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 30 of 30					
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)					
	Flores, Abiel (Mr.)	00088105					
3	SIGNATURE	1					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
	Mr. A	Abiel Flores					
		andidate / Officeholder					
	<u> </u>	andidate / Cinceriolder					
4	FILER WHO IS NOT AN OFFICEHOLDER						
	** Complete A & B below only if you are not an officeholder **						
	A CAMPAIGN FUNDS						
	Check only one:						
	X I do not have unexpended contributions or unexpended interest or income earned from political values.	tical contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.						
	B ASSETS						
	Check only one:						
	χ I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.						
	Mr. A	Abiel Flores					
		re of Candidate					
		e of Garidiaace					
5	OFFICEHOLDER						
	** Complete this section only if you are an officeholder **						
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
	Signatur	e of Officeholder					