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) 00054826 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose Roberto NAME Date Received **ELECTRONICALLY FILED** 07/12/2024 NICKNAME LAST **SUFFIX** Bobby Flores CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ricardo NAME NICKNAME LAST **SUFFIX** Rick Salinas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 584-3900 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/03/2020 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 139 Hidalgo District Judge District 139TH

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Flores, Jose Roberto	(The Honorable)	14 Filer ID 00054826	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
<u> </u>	GENERAL									
		COMMITTEE ADDRESS	OMINITIEE ADDRESS							
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER	ADDRESS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00						
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE	`	IZED POLITICAL EXPENDITURES	OF LUANS)	\$ 0.00						
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES								
		\$ 8,777.16								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 289,313.92						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOTTING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT			ler penalty of perjury, that the acc ncludes all information required t on Code.							
		The	e Honorable Jose Roberto Flo	ores						
		Sig	gnature of Candidate or Officehol	der						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE								
		aid		day						
of	, 20, to co	ertify which, witness my hand and seal of o	office.							
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		C	OVER SH	IEET PG 3 3 of 15	
	ER NAN res, Jo	(Ethics Com	mission Filers)		
	HEDULI ME OF :	SUBTO	TAL AMOUNT		
1.	X	\$	2,500.00		
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,661.10
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,116.06	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/15	
2	FILER NAME				Filer ID (Ethics Commission Filers)
	Flores, Jose	Roberto (The Honorable)			00054826
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)
	01/25/2024 WYATT RANCHES OF TEXAS				\$2,500.00
		6 Contributor address; City; State; Zip Code REALITOS , TX 78376			
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title	<u> </u>	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse	(if any)
12	it contributor i	s a child, 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ravel Out of District THER (enter a category not listed above)
		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 1/8 Rpt: 5/15		iler ID (Ethics Commission Filers) 0054826
_	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
4	Date	5 Payee name	
	03/19/2024	ABUNDANT GRACE CHURCH	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	2110 S McColl Rd	
		EDINIBLIDO TV 70520	
		EDINBURG , TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations/Bonations Made by	of Texas. Complete Schedule T.
	2/11/21/01/12	Garrandato/Grinderioladoi/i Gritida Germinico	iceholder living expense
		CHURCH DONAT	ION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	
H	Date	Davido namo	
		Payee name	
	01/23/2024	CHASE CARD SERVICES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,481.28	PO BOX 15123	
		Wilmington DE 10950 5122	
		Wilmington, DE 19850-5123	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	orealt card rayment	of Texas. Complete Schedule T.
			iceholder living expense
		Itemized in F-4	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	JH .	
H	Date	Payee name	
	03/18/2024	CHASE CARD SERVICES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$314.80	PO BOX 15123	
		Wilmington, DE 19850-5123	
H	PURPOSE	1	
	OF		of Texas. Complete Schedule T.
	EXPENDITURE	orealt card rayment	iceholder living expense
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: 2 FILER NAME Flores, Jose Roberto (The Honorable) 3 Filer ID (Effices Commission Filers) Condition of Filers) General Processing Flores, Jose Roberto (The Honorable) 3 Filer ID (Condition Filers) General Processing Flores, Jose Roberto (The Honorable) 4 Date OA/22/2024 5 Payee name CHASE CARD SERVICES 6 Amount (\$) 7 Payee address; City; State; Zip Code PO BOX 15123 Wilmington, DE 19850-5123 Wilmington, DE 19850-5123 Wilmington, DE 19850-5123 Wilmington (\$) Credit Card Payment Credit Card Payment Office sought Office held Office Office Office Office held Office held Office Office Office Office held Office held Office NULY if direct Office Card Payment Office held Office held Office held Office NULY if direct Office Office held Office held Office NULY if direct Office Office held Office held Office Null II office held Office Null II office held Off	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
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Samount (S) Po Box 15123 Willmington, DE 19850-5123 Description	4 Date	5 Payee name
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Wilmington, DE 19850-5123	6 Amount (\$)	7 Payee address; City; State; Zip Code
B PURPOSE OF EXPENDITURE	\$192.38	PO BOX 15123
B PURPOSE OF EXPENDITURE		
Credit Card Payment		Wilmington, DE 19850-5123
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9 Complete ONLY if direct expenditure to benefit C/OH Date		Orean Cara rayment
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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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/8 Rpt: 7/15	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	05/07/2024	DELGADO, OSCAR (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2223 NEW OAK PARK
		EDINBURG, TX 78230
8	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
		ALS DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/15/2024	FUENTES, FRANK (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	13135 CEDAR AVE
	Ψ200.00	10100 0107 11(1)(1)
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2024	GABRIELA'S GOALS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4129 NORTH 22ND STREET SUITE 8
	Ψ000.00	4125 NORTH 22ND GIRLLI GGILL G
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense CANCER BENIFIT
		CANCER BENIFTI
	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/Politica Credit Card Payment	d Cor		Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 4/8 Rpt: 8/15		Flores, Jose	Roberto (The	Honorable)					00054826		
4	Date	5	Payee name									
	06/11/2024		Heart of the	Nation								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$250.00		PO Box 144	28								
			Milwaukee,	WI 53214								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/0	Officeholder/Pol	itical Comm	ittee		—		officeholder living	g expense	
								CHURCH DO	JINA	ATION		
<u>_</u>	Commission ONE V. C. P.	<u> </u>	Samuel de la 1000	l l-l		vec:				Ott		
9	Complete ONLY if direct expenditure to benefit C/Oh		Jandidate/Offi	ceholder name	C	office sou	ight			Office he	2 10	
	Date		Payee name									
	06/07/2024		LOPEZ, CR	ISTOBEL (Mrs.	.)							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$500.00		2106 EAST	RICHARDSON	l RD							
			EDINBURG	, TX 78539								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			s/Donations Ma		,		=		de of Texas. Com		
	EXI ENDITORE		Candidate/0	Officeholder/Pol	itical Comm	ittee		_		officeholder living		
								JESUS CRIS	10	EL SANAD	ER CHURCH	
L	Complete ONLY if direct	<u> </u>	andidate/Off	ceholder name		office com	lap+			Office	7ld	_
	Complete ONLY if direct expenditure to benefit C/OH		Ja⊓uiuale/O∏	centiquei name	C	office sou	ıgııı			Office he	eiu	
L		_										_
	Date		Payee name	DEDC 5000	ED 01 1 15							
	06/10/2024			PPERS BOOST								
	Amount (\$)		Payee addres	•	State;	Zip Co	ode					
	\$50.00		2021 LA VIS	STA AVE								
			MCALLEN,	TX 78501								
	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description				
	EXPENDITURE			s/Donations Ma		ittoo				de of Texas. Com officeholder living		
			Canuluale/C	Officeholder/Pol	nicai Comm	шее		SCHOOL SP			y experise	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l lght			Office he	eld	
	expenditure to benefit C/O						J -					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 9/15	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	03/19/2024	PAW POSSE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1107 DEWBERRY CIR
		WESLACO, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		TETRESCOE
Ļ	On and the ONE Wife disease	Occasional Office health and a second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	01/19/2024	PAZ, CECILIA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1401 QUAMASIA
		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
		K-Labor
		TO ECONOMIC TO THE PROPERTY OF
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
L		
	Date	Payee name
	02/14/2024	PAZ, CECILIA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1401 QUAMASIA
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
I		K-Labor
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 pages Schedule F1:	<u> </u>	_
_	Sch: 6/8 Rpt: 10/15	Flores, Jose Roberto (The Honorable)	
Ļ	<u> </u>		
4	Date	5 Payee name	
	05/07/2024	QUINTANILLA, JESSE (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	652 BOUGANVILLEA AVE	
		WESLACO, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		CANCER DONATION	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
_	Date	Payee name	=
	05/29/2024	SOUTHWEST JAVELINA FOOTBALL	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$400.00	300 E JAVELINA DRIVE	
	Ψ+00.00	SOUT STATE	
		DUADD TV 70F77	
		PHARR, TX 78577	
	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	
		TOOTE/ALE OF CINCOTOTIII	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_
	Date	Payee name	
	01/08/2024	T-MOBILE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.50	1708 W STE C UNIVERSITY	
		EDINBURG, TX 78539	
	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	
		01 CELL PHONE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			\neg
I			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 11/15	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	01/08/2024	T-MOBILE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.04	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
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.
		Check if Austin, TX, officeholder living expense FEB CELL PHONE
		TEB GELET HONE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/07/2024	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		March Cell
L	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕		
	Date	Payee name
	04/10/2024	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.54	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		CELL PHONE
\vdash	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 8/8 Rpt: 12/15	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	05/28/2024	T-MOBILE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$148.06	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CELL PHONE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	03/07/2024	U.S. POSTAL SERVICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$342.00	620 E PECAN BLVD
		MCALLEN, TX 78501-9998
	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
		PO BOX
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/30/2024	WELCOME HOME RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.00	219 NOLANA, SUITE A
		McAllen, TX 78504
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Shirts & Logos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 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 F4:	2 FILER NAME	2 FILER NAME							
	Sch: 1/2 Rpt: 13/15	Flores, Jose Rober	to (The Honorable)	00054826						
4	CREDIT CARD ISSUER		ncial institution RD SERVICES	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 02/21/2024	(c) Date(s 03/18/20) Credit Card Issuer 124	r Paid				
7	PAYEE	(a) Payee name TEXAS CENTER F	OR THE		address; N ANTONI SUITE TX 78701	City, ≣ 800	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	ption					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$192.38	(b) Date of Charge 03/25/2024	(c) Date(s 04/22/20) Credit Card Issuer 124	r Paid				
	PAYEE	(a) Payee name RUTH'S CHRIS STEAK HOUSE			address; N ST ORTH, TX 76102	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING WITH CONSTIUANTS						
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$148.06	(b) Date of Charge 04/28/2024	(c) Date(s 05/28/20) Credit Card Issuer 124	r Paid				
	PAYEE	(a) Payee name SAMS CLUB			address; 10TH STREET N, TX 78504	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descri	otion PPRECIATION W	/EEK				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
I										

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 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 Instr	ruction Guide explains how	to complete this for	m.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/2 Rpt: 14/15	Flores, Jose Robert	00054826					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/05/2024	(c) Date(s) Credit 06/24/2024	Card Issuer	Paid		
7 PAYEE	(a) Payee name TEXAS CENTER FOR THE		(b) Payee address; City, State, Zip Code 1210 SAN ANTONI SUITE 800 AUSTIN, TX 78701				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	egory (b) Description CONFERENCE FEES 09/4-09/6		FEES			
Non-Political	(c) Check if travel outside	if travel outside of Texas. Complete Schedule T. Check if Austin, TX		ck if Austin, TX, o	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
PAYMENT	(a) Amount Charged \$111.44	(b) Date of Charge 05/19/2024	(c) Date(s) Credit 06/24/2024	Card Issuer	Paid		
PAYEE	(a) Payee name DIRTY AL'S BAYOU GRILL		(b) Payee address; City, State, Zip Code 5712 N 10TH ST SUITE 400 MCALLEN, TX 78504				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING WITH CONSTITUANTS				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
PAYMENT	(a) Amount Charged \$239.18	(b) Date of Charge 02/27/2024	(c) Date(s) Credit 03/18/2024	Card Issuer	Paid		
PAYEE	(a) Payee name BONITAS FLOWERS		(b) Payee addres 610 N 10TH sT MCALLEN, TX		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Memorial Exp				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

TEXT ANNOTATION							
	Sch: 1/1 Rpt: 15/15						
FILER NAME Flores, Jose Roberto (The Honorable)	Filer ID (Ethics Commission Filers) 00054826						
Schedule Cover Sheet							
Information entered by filer as a memo: Deposit on 07/10/24, of \$1000.00, to offset LONE STAR BANK teller error from 04/08/24.							