### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

|                      | Remember To At                                              | tach Any Part Of                             | The Campaign F                                     | inance Rep        | ort Form               |                  |
|----------------------|-------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|-------------------|------------------------|------------------|
| Signature of office  | cer administering oath                                      | Printed name of of                           | ficer administering oat                            | h 7               | Title of officer admin | istering oath    |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
| of                   | , 20, to cer                                                | tify which, witness my I                     | nand and seal of office                            |                   |                        |                  |
|                      | cribed before me, by the sai                                |                                              |                                                    |                   | าย                     | day              |
| AFFIX NOTARY S       | TAMP / SEAL ABOVE                                           |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              | Signatu                                            | re of Candidate   | or Officeholder        |                  |
|                      |                                                             |                                              | The Ho                                             | norable Jose      | Roberto Flores         |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              | swear, or affirm, that<br>filed was made in go     | any error or on   |                        |                  |
|                      |                                                             | X                                            | report not later than t<br>that the report as orig | he 14th busine    | ss day after the date  | e I learned      |
|                      |                                                             |                                              | misrepresent the infoOther reports:I s             |                   |                        | corrected        |
|                      |                                                             | X                                            | Semiannual reports<br>was made in good fa          | ith and without   | an intent to mislead   |                  |
|                      |                                                             | Che                                          | ck the box next to any                             | and all applical  | ble statements:        |                  |
|                      |                                                             |                                              | ear, or affirm, under pe<br>correct.               | enalty of perjury | r, that this corrected | report is true   |
| 7 AFFIDAVIT          |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      |                                                             |                                              |                                                    |                   |                        |                  |
|                      | ures in F1, 7 credit card en<br>7 entries were added to 07/ |                                              |                                                    |                   |                        |                  |
| 6 EXPLANATION OF     |                                                             | trioc that ranged from 1                     | 2/07/22 12/24/22 5-4                               | hoon left out a   | f July roport duc to   | ovponditure data |
| COVERED              | 07/01/2023                                                  | THROUGH                                      | 12/31/2023                                         |                   | Suce mayou             |                  |
| 5 ORIGINAL PERIOD    | Month Day Yea                                               |                                              | Month Day                                          | Year              | Date Imaged            |                  |
|                      | 30th day before election<br>8th day before election         | X 15th day after camp<br>appointment (office | holder only)                                       |                   | Date Processed         |                  |
| REPORT TYPE          | July 15                                                     | Exceeded modified                            |                                                    |                   | Receipt #              | Amount           |
| 4 ORIGINAL           | January 15                                                  | Runoff                                       | Other (s                                           | pecify)           | Date Hand-delivered or | Date Postmarked  |
|                      | NICKNAME<br>Bobby                                           | LAST<br>Flores                               |                                                    | SUFFIX            |                        |                  |
| OFFICEHOLDER<br>NAME | The Honorable                                               | Jose Roberto                                 |                                                    |                   | 07/22/2024             |                  |
| 3 CANDIDATE /        | MS / MRS / MR                                               | FIRST                                        |                                                    | МІ                | ELECTRONICA            | LLY FILED        |
| 00054826             |                                                             | 2 Total pages lieu.<br>19                    |                                                    |                   | OFFICE U Date Received |                  |
| 1 Filer ID (Eth      | nics Commission Filers)                                     | <b>2</b> Total pages filed:                  |                                                    |                   |                        |                  |

### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction         | Guide explains how to co   | mplete this form. | 1 Filer ID<br>(Ethics Commi<br>00054826 | ,                  | 2 Total page      | s filed:<br>19                              |
|-------------------------------|----------------------------|-------------------|-----------------------------------------|--------------------|-------------------|---------------------------------------------|
| 3 CANDIDATE /                 | MS / MRS / MR              | FIRST             |                                         | MI                 |                   | E USE ONLY                                  |
| OFFICEHOLDER<br>NAME          | The Honorable              | Jose Roberto      |                                         |                    |                   |                                             |
| NAME                          |                            |                   |                                         |                    | Date Received     | ICALLY FILED                                |
|                               |                            |                   |                                         |                    |                   |                                             |
|                               | NICKNAME                   | LAST              |                                         | SUFFIX             | 07/22/2024        |                                             |
|                               | Bobby                      | Flores            |                                         |                    |                   |                                             |
| 4 CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; A        | PT / SUITE #; CIT | Y;                                      | ZIP CODE           | Date Hand-deliver | ed or Date Postmarked                       |
| MAILING<br>ADDRESS            |                            |                   |                                         |                    | Receipt #         | Amount                                      |
| Change of Address             | REDACTED PER 2             | 54.0313, GOV I (  | JODE                                    |                    |                   |                                             |
|                               |                            |                   |                                         |                    | Date Processed    | ·                                           |
|                               |                            |                   |                                         |                    | Date Imaged       |                                             |
| 5 CAMPAIGN                    | MS / MRS / MR              | FIRST             |                                         |                    | MI                |                                             |
| TREASURER<br>NAME             | Mr.                        | Ricardo           |                                         |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
|                               | NICKNAME                   | LAST              |                                         |                    | SUFFIX            |                                             |
|                               | Rick                       | Salinas           |                                         |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
| 6 CAMPAIGN<br>TREASURER       | STREET ADDRESS (NO F       | PO BOX PLEASE);   | AP.                                     | T / SUITE #; CITY; | 5                 | STATE; ZIP CODE                             |
| ADDRESS                       |                            |                   |                                         |                    |                   |                                             |
| (Residence or Business)       | REDACTED PER 2             | 54.0313, GOV'T (  | CODE                                    |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
| 7 CAMPAIGN                    | AREA CODE PH               | ONE NUMBER        | EXTENSION                               |                    |                   |                                             |
| TREASURER                     | (956) 584-3900             |                   |                                         |                    |                   |                                             |
| PHONE                         | ()                         |                   |                                         |                    |                   |                                             |
| 8 REPORT                      |                            |                   |                                         |                    | _                 |                                             |
| TYPE                          | X January 15               | 30th day before   | election                                | Runoff X           |                   | r campaign treasurer<br>(officeholder only) |
|                               | July 15                    | 8th day before    | election                                | Exceeded modified  |                   | (Attach C/OH-FR)                            |
|                               |                            |                   |                                         | reporting limit    |                   | ,                                           |
| 9 PERIOD                      | Month Day Yea              | r                 |                                         | Month Day          | Year              |                                             |
| COVERED                       | 07/01/2023                 |                   | HROUGH                                  | 12/31/202          |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
| 10 ELECTION                   | ELECTION DATE              |                   |                                         | ELECTION TYPE      |                   |                                             |
|                               | Month Day Yea              | r   🗖 F           | Primary                                 | Runoff             | Other             |                                             |
|                               |                            |                   | Conoral                                 |                    |                   |                                             |
|                               |                            |                   | General                                 | Special            |                   |                                             |
| 44.055105                     |                            |                   |                                         |                    | ((()))            |                                             |
| 11 OFFICE                     | OFFICE HELD (if any)       |                   |                                         | 12 OFFICE SOUGHT   | (If known)        |                                             |
|                               | District Judge District 13 | be miudiyu        |                                         |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
|                               |                            | 601               | TO PAGE 2                               |                    |                   |                                             |
|                               |                            |                   |                                         |                    |                   |                                             |
| Forms provided by Te          | exas Ethics Commission     | www.et            | hics.state.tx.u                         | S                  | Ve                | rsion V4.1.0.d378aba                        |

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 19

I

| 13 C / OH NAME                                 | Flores, Jose Roberto             | (The Honorable)                      |                                                                                                       | 14 Filer ID<br>00054826 | (Ethics Cor        | nmission Filers) |
|------------------------------------------------|----------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|--------------------|------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | These expenditures                   | accepted or political expenditu<br>may have been made without<br>equired to report this informatio    | the candidate's or off  | iceholder's kr     | nowledge or      |
| Additional Pages                               |                                  | COMMITTEE NAM                        | E                                                                                                     |                         |                    |                  |
|                                                | GENERAL                          | COMMITTEE ADD                        | RESS                                                                                                  |                         |                    |                  |
|                                                | SPECIFIC                         |                                      |                                                                                                       |                         |                    |                  |
|                                                |                                  |                                      |                                                                                                       |                         |                    |                  |
|                                                |                                  | COMMITTEE CAM                        | IPAIGN TREASURER NAME                                                                                 |                         |                    |                  |
|                                                |                                  | COMMITTEE CAM                        | PAIGN TREASURER ADDRE                                                                                 | SS                      |                    |                  |
|                                                |                                  |                                      |                                                                                                       |                         |                    |                  |
| 16 CONTRIBUTION<br>TOTALS                      |                                  |                                      | ONTRIBUTIONS(OTHER THAI<br>CONTRIBUTIONS MADE ELE                                                     |                         | <sup>,</sup><br>\$ | 0.00             |
|                                                |                                  | ICAL CONTRIBU                        |                                                                                                       |                         | \$                 | 0.00             |
| EXPENDITURE 3. TOTAL UNITEM                    |                                  | PLEDGES, LOANS,<br>IZED POLITICAL EX | OR GUARANTEES OF LOAN                                                                                 | S)                      | \$                 | 0.00             |
| TOTALS                                         | 4. TOTAL POLIT                   |                                      | JRES                                                                                                  |                         |                    |                  |
| CONTRIBUTION                                   | 5. TOTAL POLITIC                 |                                      | IS MAINTAINED AS OF THE L                                                                             |                         | \$                 | 18,787.53        |
| BALANCE                                        | REPORTING PE                     | RIOD                                 |                                                                                                       |                         | \$                 | 95,492.95        |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR |                                      | L OUTSTANDING LOANS AS                                                                                | OF THE LAST DAY         | \$                 | 0.00             |
| 17 AFFIDAVIT                                   |                                  |                                      | I swear, or affirm, under penalt<br>true and correct and includes a<br>under Title 15, Election Code. |                         |                    |                  |
|                                                |                                  |                                      | The Honora                                                                                            | able Jose Roberto F     | -lores             |                  |
|                                                |                                  |                                      | Signature of                                                                                          | f Candidate or Officeh  | nolder             |                  |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | OVE                                  |                                                                                                       |                         |                    |                  |
|                                                | -                                |                                      |                                                                                                       | , this the              |                    | day              |
| of                                             | , 20, to c                       | ertify which, witness                | my hand and seal of office.                                                                           |                         |                    |                  |
| Signature of offi                              | cer administering oath           | Printed name                         | of officer administering oath                                                                         | Title of offic          | cer administe      | ring oath        |
| Forms provided by Te                           | exas Ethics Commissior           | www.                                 | ethics.state.tx.us                                                                                    |                         | Version V          | 4.1.0.d378aba(   |

### FORM JC/OH COVER SHEET PG 3

| 4 of | 19 |
|------|----|
|------|----|

| 8 FILER NAME     19 Filer ID       Flores, Jose Roberto (The Honorable)     00054826 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| 1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| E(J): LOANS (JUDICIAL)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                              | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>\$</b> 12,660.04                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
| F2: UNPAID INCURRED OBLIGATIONS                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO                               | DNS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| F4: EXPENDITURES MADE BY CREDIT CARD                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$</b> 6,127.49                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (                              | OF C/OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC                             | DNS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F                            | RETURNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
|                                                                                      | S         A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)         A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS         B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)         E(J): LOANS (JUDICIAL)         F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         F2: UNPAID INCURRED OBLIGATIONS         F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS         F4: EXPENDITURES MADE BY CREDIT CARD         G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS         H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (INVESTMENTS FROM POLITICAL CONTRIBUTIONS) | The Honorable) 00054826 S A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) E(J): LOANS (JUDICIAL) E(J): LOANS (JUDICIAL) F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS F2: UNPAID INCURRED OBLIGATIONS F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS F4: EXPENDITURES MADE BY CREDIT CARD |  |  |  |  |  |  |

SUBTOTALS - JC/OH

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reinbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Office Overhead/Rental Expense<br>Gitl/Awards/Memorials Expense Polling Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | · · · · ·                                                                                                                                                                                                                                                                                               | Filer ID (Ethics Commission Filers)                                                                                                                                         |  |  |
|   | Sch: 1/9 Rpt: 5/19                                                                                                                                            | Flores, Jose Roberto (The Honorable)                                                                                                                                                                                                                                                                    | 00054826                                                                                                                                                                    |  |  |
| 4 | Date<br>11/10/2023                                                                                                                                            | Payee name<br>ALL STAR THEATER CLUB                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |
| U | \$100.00                                                                                                                                                      | 4617 N 10TH                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | MCALLEN, TX 78504                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                                         | tside of Texas. Complete Schedule T.<br>X, officeholder living expense<br>CET                                                                                               |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
|   | 07/21/2023                                                                                                                                                    | CHASE CARD SERVICES                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |
|   | \$524.81                                                                                                                                                      | PO BOX 15123<br>Wilmington, DE 19850-5123                                                                                                                                                                                                                                                               |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                                         | tside of Texas. Complete Schedule T.<br>X, officeholder living expense<br>=-4                                                                                               |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                                                                                                 | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
|   | 08/28/2023                                                                                                                                                    | CHASE CARD SERVICES                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$1,508.00                                                                                                                                     | Payee address;City;State;Zip CodePO BOX 15123                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Wilmington, DE 19850-5123                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                                         | tside of Texas. Complete Schedule T.<br>X, officeholder living expense<br>=-4                                                                                               |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                         |                                                                                                                                                                             |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                         | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                   | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |
| 1 | Sch: 2/9 Rpt: 6/19                                                                                                                                            | Flores, Jose Roberto (The Honorable)                                                    | 00054826                                                                                                                                                                    |  |  |
| 4 | Date<br>09/19/2023                                                                                                                                            | 5 Payee name<br>CHASE CARD SERVICES                                                     |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)<br>\$225.00                                                                                                                                       | 7 Payee address; City; State; Zip Code<br>PO BOX 15123<br>Wilmington, DE 19850-5123     |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedule)<br>Credit Card Payment | itside of Texas. Complete Schedule T.<br>IX, officeholder living expense<br>F4                                                                                              |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                              |                                                                                                                                                                             |  |  |
|   | 10/28/2023                                                                                                                                                    | CHASE CARD SERVICES                                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                    |                                                                                                                                                                             |  |  |
|   | \$1,546.84                                                                                                                                                    | PO BOX 15123                                                                            |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Wilmington, DE 19850-5123                                                               |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                         | utside of Texas. Complete Schedule T.<br>rX, officeholder living expense<br>F4                                                                                              |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                              |                                                                                                                                                                             |  |  |
|   | 11/16/2023                                                                                                                                                    | CHASE CARD SERVICES                                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$1,542.66                                                                                                                                     | Payee address; City; State; Zip Code<br>PO BOX 15123                                    |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Wilmington, DE 19850-5123                                                               |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                         | itside of Texas. Complete Schedule Τ.<br>ΓΧ, officeholder living expense<br>F4                                                                                              |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                               | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                               |                                                                                         |                                                                                                                                                                             |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                            |                                                                                     |                                                                                                                                                                             |  |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment |                                                                                     | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                               | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |
| 1 | Sch: 3/9 Rpt: 7/19                                                                                                                                             | Flores, Jose Roberto (The Honorable)                                                | 00054826                                                                                                                                                                    |  |  |
| 4 | Date<br>12/28/2023                                                                                                                                             | 5 Payee name<br>CHASE CARD SERVICES                                                 |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)<br>\$221.39                                                                                                                                        | 7 Payee address; City; State; Zip Code<br>PO BOX 15123<br>Wilmington, DE 19850-5123 |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                   |                                                                                     | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>F4                                                                                              |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                     | Candidate/Officeholder name Office sought                                           | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                           | Payee name                                                                          |                                                                                                                                                                             |  |  |
|   | 10/10/2023                                                                                                                                                     | Hidalgo County Democratic Party                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)                                                                                                                                                    | Payee address; City; State; Zip Code                                                |                                                                                                                                                                             |  |  |
|   | \$1,500.00                                                                                                                                                     | 814 DEL ORO LANE                                                                    |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                                | PHARR, TX 78577                                                                     |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                   |                                                                                     | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>DONATION                                                                                        |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                     | Candidate/Officeholder name Office sought                                           | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                           | Payee name                                                                          |                                                                                                                                                                             |  |  |
|   | 11/21/2023                                                                                                                                                     | Hidalgo County Democratic Party                                                     |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$1,500.00                                                                                                                                      | Payee address; City; State; Zip Code<br>814 DEL ORO LANE                            |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                                | PHARR, TX 78577                                                                     |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                   |                                                                                     | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                    |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                     | Candidate/Officeholder name Office sought                                           | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                                |                                                                                     |                                                                                                                                                                             |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Poling Expense<br>Gitt/Awards/Memorials Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      |                                                                                                                                                                                                                                                                         | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |
| - | Sch: 4/9 Rpt: 8/19                                                                                                                                            | Flores, Jose Roberto (The Honorable)                                                                                                                                                                                                                                    | 00054826                                                                                                                                                                    |  |  |
| 4 | Date<br>08/01/2023                                                                                                                                            | Payee name     LUNA, JOSUE                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)<br>\$100.00                                                                                                                                       | Payee address; City; State; Zip Code<br>732 NORTH TALIA<br>PHARR, TX 78577                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                         | itside of Texas. Complete Schedule T.<br>rX, officeholder living expense<br>IEFIT                                                                                           |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
|   | 08/01/2023                                                                                                                                                    | MCHI STEPPERS BOOSTER CLUB                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$350.00                                                                                                                                       | Payee address; City; State; Zip Code<br>2021 LA VISTA AVE<br>MCALLEN, TX 78501                                                                                                                                                                                          |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | <ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel ou</li> </ul>                                                                                       | itside of Texas. Complete Schedule T.<br>FX, officeholder living expense<br>IP                                                                                              |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |
|   | 07/14/2023                                                                                                                                                    | PAZ, CECILIA                                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$500.00                                                                                                                                       | Payee address; City; State; Zip Code<br>1401 QUAMASIA                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | MCALLEN, TX 78504                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                         | ıtside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                    |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Polling Expense<br>Gift/Awards/Memorials Expense Printing Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | FILER NAME                                                                                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |
|   | Sch: 5/9 Rpt: 9/19                                                                                                                                            | Flores, Jose Roberto (The Honorable)                                                                                                                                                                                                                                                      | 00054826                                                                                                                                                                    |  |  |
| 4 | Date<br>09/20/2023                                                                                                                                            | Payee name<br>REYES, ANDY                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)<br>\$200.00                                                                                                                                       | Payee address;       City;       State;       Zip Code         216 E MILE 15 N       WESLACO, TX 78599       VESLACO, TX 78599                                                                                                                                                            |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Candidate/Officeholder/Political Committee                                                                                                                                                                                                                                                | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>UNTY YOUNG FARMERS<br>N DONATION                                                                |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |
|   | 12/23/2023                                                                                                                                                    | RGV PRODIRECT                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |
|   | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |
|   | \$253.50                                                                                                                                                      | 1913W HOUSTON AVE<br>MCALLEN , TX 78501                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                           | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                    |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |
|   | 07/11/2023                                                                                                                                                    | T-MOBILE                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$102.50                                                                                                                                       | Payee address;City;State;Zip Code1708 W University Dr Ste C                                                                                                                                                                                                                               |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Edinburg, TX 78539                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                           | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                    |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |

|   |                                                                                                                                                               |         | EXPENDITURE C                                                                                                           | ATEGORIE                 | S FOR BO                                                              | DX 8(a)              |                                                           |                            |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------|----------------------|-----------------------------------------------------------|----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |         | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>Legal Services<br>The Instruction Guide | O<br>Po<br>ense Pr<br>Sa | office Overhead<br>olling Expense<br>rinting Expense<br>alaries/Wages | e<br>/Contract Labor | Transportation I<br>Travel in Distric<br>Travel Out of Di |                            |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2 FILEF | NAME                                                                                                                    |                          |                                                                       |                      | 3 Filer ID                                                | (Ethics Commission Filers) |
| - | Sch: 6/9 Rpt: 10/19                                                                                                                                           |         | s, Jose Roberto (The Hon                                                                                                | orable)                  |                                                                       |                      | 00054826                                                  |                            |
| 4 | Date<br>08/05/2023                                                                                                                                            | -       | e name<br>DBILE                                                                                                         |                          |                                                                       |                      |                                                           |                            |
| 6 | Amount (\$)<br>\$102.04                                                                                                                                       | 1708    | e address; City;<br>W University Dr Ste C<br>burg, TX 78539                                                             | State; Z                 | Zip Code                                                              |                      |                                                           |                            |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |         | Ory (See Categories listed at the top<br>e Overhead/Rental Expens                                                       |                          | le) <b>(b)</b>                                                        |                      | outside of Texas. Con<br>TX, officeholder livin<br>E      |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |         | ate/Officeholder name                                                                                                   | Offic                    | ce sought                                                             |                      | Office h                                                  | eld                        |
|   | Date                                                                                                                                                          | Payee   | e name                                                                                                                  |                          |                                                                       |                      |                                                           |                            |
|   | 09/05/2023                                                                                                                                                    | -       | DBILE                                                                                                                   |                          |                                                                       |                      |                                                           |                            |
|   | Amount (\$)<br>\$80.00                                                                                                                                        | 1708    | e address; City;<br>W University Dr Ste C                                                                               | State; Z                 | Zip Code                                                              |                      |                                                           |                            |
|   |                                                                                                                                                               | Edini   | ourg, TX 78539                                                                                                          |                          |                                                                       |                      |                                                           |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |         | Ory (See Categories listed at the top<br>e Overhead/Rental Expens                                                       |                          | le) (b)                                                               |                      | outside of Texas. Con<br>TX, officeholder livin           |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |         | ate/Officeholder name                                                                                                   | Offic                    | ce sought                                                             |                      | Office h                                                  | eld                        |
|   | Date                                                                                                                                                          | Payee   | e name                                                                                                                  |                          |                                                                       |                      |                                                           |                            |
|   | 10/06/2023                                                                                                                                                    | Т-МС    | DBILE                                                                                                                   |                          |                                                                       |                      |                                                           |                            |
|   | Amount (\$)                                                                                                                                                   | l í     | e address; City;                                                                                                        | State; Z                 | Zip Code                                                              |                      |                                                           |                            |
|   | \$89.49                                                                                                                                                       | 1708    | W University Dr Ste C                                                                                                   |                          |                                                                       |                      |                                                           |                            |
|   |                                                                                                                                                               | Edinl   | ourg, TX 78539                                                                                                          |                          |                                                                       |                      |                                                           |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |         | Ory (See Categories listed at the top<br>e Overhead/Rental Expens                                                       |                          | le) <b>(b)</b>                                                        |                      | outside of Texas. Con<br>TX, officeholder livin<br>E      |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |         | ate/Officeholder name                                                                                                   | Offic                    | ce sought                                                             |                      | Office h                                                  | eld                        |
|   |                                                                                                                                                               |         |                                                                                                                         |                          |                                                                       |                      |                                                           |                            |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                          |                                                                                                                                                                             |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                                                          | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schodula E1                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                    | Eller ID (Ethics Commission Eilers)                                                                                                                                         |  |  |
| T | Total pages Schedule F1:<br>Sch: 7/9 Rpt: 11/19                                                                                                               | 2     FILER NAME     3       Flores, Jose Roberto (The Honorable)     3                                                  | Filer ID       (Ethics Commission Filers)         00054826                                                                                                                  |  |  |
| 4 | Date<br>11/02/2023                                                                                                                                            | 5 Payee name<br>T-MOBILE                                                                                                 |                                                                                                                                                                             |  |  |
| 6 | Amount (\$)<br>\$70.00                                                                                                                                        | <ul> <li>Payee address; City; State; Zip Code</li> <li>1708 W University Dr Ste C</li> <li>Edinburg, TX 78539</li> </ul> |                                                                                                                                                                             |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                          | side of Texas. Complete Schedule T.<br>X, officeholder living expense                                                                                                       |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF                                                                                                 | Candidate/Officeholder name Office sought                                                                                | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                               |                                                                                                                                                                             |  |  |
|   | 11/02/2023                                                                                                                                                    | T-MOBILE                                                                                                                 |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$70.00                                                                                                                                        | Payee address; City; State; Zip Code<br>1708 W University Dr Ste C                                                       |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Edinburg, TX 78539                                                                                                       |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                          | side of Texas. Complete Schedule T.<br>X, officeholder living expense                                                                                                       |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                | Office held                                                                                                                                                                 |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                                                               |                                                                                                                                                                             |  |  |
|   | 11/02/2023                                                                                                                                                    | T-MOBILE                                                                                                                 |                                                                                                                                                                             |  |  |
|   | Amount (\$)<br>\$70.00                                                                                                                                        | Payee address; City; State; Zip Code<br>1708 W University Dr Ste C                                                       |                                                                                                                                                                             |  |  |
|   |                                                                                                                                                               | Edinburg, TX 78539                                                                                                       |                                                                                                                                                                             |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                          | side of Texas. Complete Schedule T.<br>X, officeholder living expense                                                                                                       |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                | Office held                                                                                                                                                                 |  |  |
|   |                                                                                                                                                               |                                                                                                                          |                                                                                                                                                                             |  |  |

|   |                                                                                                                                                               | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                   |                                                                                                                                                                             |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                                                       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2 FILER NAME                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |
|   | Sch: 8/9 Rpt: 12/19                                                                                                                                           | Flores, Jose Roberto (The Honorable)                                                                                  | 00054826                                                                                                                                                                    |
|   | Date<br>12/07/2023                                                                                                                                            | 5 Payee name<br>T-MOBILE                                                                                              |                                                                                                                                                                             |
| 6 | Amount (\$)<br>\$69.49                                                                                                                                        | <ul> <li>Payee address; City; State; Zip Code</li> <li>1708 W STE C UNIVERSITY</li> <li>EDINBURG, TX 78539</li> </ul> |                                                                                                                                                                             |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                       | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense                                                                                                   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                             | Office held                                                                                                                                                                 |
|   | Date                                                                                                                                                          | Payee name                                                                                                            |                                                                                                                                                                             |
|   | 08/29/2023                                                                                                                                                    | THE NATIONAL JUDICIAL COLLEGE                                                                                         |                                                                                                                                                                             |
|   | Amount (\$)<br>\$200.00                                                                                                                                       | Payee address; City; State; Zip Code<br>JUDICIAL COLLEGE BUILDING/MS358<br>RENO, NV 89557                             |                                                                                                                                                                             |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                       | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense                                                                                                 |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                             | Office held                                                                                                                                                                 |
|   | Date                                                                                                                                                          | Payee name                                                                                                            |                                                                                                                                                                             |
|   | 10/18/2023                                                                                                                                                    | VALLE ALTO FACILITY YOUTH CENTER                                                                                      |                                                                                                                                                                             |
|   | Amount (\$)<br>\$150.00                                                                                                                                       | Payee address; City; State; Zip Code<br>1418 ST. PAUL                                                                 |                                                                                                                                                                             |
|   |                                                                                                                                                               | ALAMO, TX 78516                                                                                                       |                                                                                                                                                                             |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                       | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>NEFIT                                                                                        |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                             | Office held                                                                                                                                                                 |
|   |                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                             |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                    |                                                                                                                                                                             |  |  |  |  |  |  |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                    | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2 FILER NAME                                                                       | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |  |  |  |  |  |
|   | Sch: 9/9 Rpt: 13/19                                                                                                                                           | Flores, Jose Roberto (The Honorable)                                               | 00054826                                                                                                                                                                    |  |  |  |  |  |  |  |
| 4 | Date<br>09/08/2023                                                                                                                                            | 5 Payee name<br>WELCOME HOME RGV                                                   |                                                                                                                                                                             |  |  |  |  |  |  |  |
| 6 | Amount (\$)<br>\$999.15                                                                                                                                       | 7 Payee address; City; State; Zip Code<br>219 NOLANA, SUITE A<br>McAllen, TX 78504 |                                                                                                                                                                             |  |  |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                    | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>IBROIDERY                                                                                       |  |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                          | Office held                                                                                                                                                                 |  |  |  |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                         |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | 09/29/2023                                                                                                                                                    | WELCOME HOME RGV                                                                   |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$435.17                                                                                                                                       | Payee address; City; State; Zip Code<br>219 NOLANA, SUITE A                        |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   |                                                                                                                                                               | McAllen, TX 78504                                                                  |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                    | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ROIDERY                                                                                         |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                          | Office held                                                                                                                                                                 |  |  |  |  |  |  |  |
|   | Date                                                                                                                                                          | Payee name                                                                         |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | 09/02/2023                                                                                                                                                    | YAQUI ANIMAL RESCUE                                                                |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$150.00                                                                                                                                       | Payee address; City; State; Zip Code<br>1803 N. BRYAN RD.                          |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   |                                                                                                                                                               | MISSION, TX 78572                                                                  |                                                                                                                                                                             |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                    | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>CUE                                                                                             |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                          | Office held                                                                                                                                                                 |  |  |  |  |  |  |  |
|   |                                                                                                                                                               |                                                                                    |                                                                                                                                                                             |  |  |  |  |  |  |  |

|                                                |                                                                                           | E                                        | EXPE            | ENDITURE CATEGOR                            | RIES FO                            | OR BOX :                  | 10(a)                   |                                                                                |                                        |                |              |
|------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|-----------------|---------------------------------------------|------------------------------------|---------------------------|-------------------------|--------------------------------------------------------------------------------|----------------------------------------|----------------|--------------|
| Advertising Expense<br>Accounting/Banking      |                                                                                           | Fees                                     | Fees C          |                                             | Office Overhead/Rental Expense Tra |                           | Tra                     | Solicitation/Fundraising Expense<br>Fransportation Equipment & Related Expense |                                        |                |              |
| Consulting Expense<br>Contributions/ Donations |                                                                                           | Gift/A                                   | Award           | erage Expense<br>s/Memorials Expense        | Printing                           | Expense<br>Expense        |                         | Tra                                                                            | vel in District<br>vel Out of District |                |              |
| Candidate/Officeholde                          | er/Political Cor                                                                          |                                          | l Serv          | <sup>nces</sup><br>ruction Guide explains h |                                    | s/Wages/Cor               |                         | ОП                                                                             | HER (enter a categor                   | y not listed a | bove)        |
| 1 Total pages Schedu                           | le F4: 2                                                                                  |                                          |                 |                                             |                                    |                           |                         |                                                                                | 3 Filer ID (Ethi                       | cs Commiss     | sion Filers) |
| Sch: 1/6 Rpt: 14/2                             |                                                                                           |                                          | ber             | to (The Honorable)                          |                                    |                           |                         |                                                                                | 00054826                               |                | ,            |
| 4 CREDIT CARD                                  |                                                                                           |                                          |                 | ncial institution                           | 5                                  | TOTAL                     | OF UNITEMIZI            | ED                                                                             |                                        |                |              |
| ISSUER                                         |                                                                                           |                                          |                 |                                             |                                    |                           | DITURES<br>ED TO A CRE  | DIT                                                                            | \$                                     |                |              |
| 6 PAYMENT                                      | (a                                                                                        | ) Amount Charged                         | ł               | (b) Date of Charge                          | (0                                 | c) Date(s)                | Credit Card Is          | suer                                                                           | Paid                                   |                |              |
|                                                |                                                                                           | \$524.81 07/21/2023                      |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
| 7 PAYEE                                        | EE (a) Payee name                                                                         |                                          |                 | (t                                          | ) Payee a                          | address;                  |                         | City,                                                                          | State,                                 | Zip Code       |              |
|                                                |                                                                                           |                                          |                 | 4                                           | 15 W TF                            | RENTON RD                 |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           | WALK ONS                                 |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          |                 |                                             |                                    | EDINBURG, TX 78539        |                         |                                                                                |                                        |                |              |
| 8 PURPOSE OF<br>EXPENDITURE                    | EXPENDITURE     (See Categories listed at the top of this schedule)       X     Political |                                          |                 | ``                                          | ) Descrip                          |                           | CTIT                    |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          |                 | ,                                           | N                                  | MEETING WITH CONSTITUENTS |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          | T.<br>Office so | hught                                       | Check if Austin                    | , TX, c                   | officeholder living exp | ense                                                                           |                                        |                |              |
| expenditure to benefit                         |                                                                                           | candidate/Onicent                        | Juei            | name O                                      | fince so                           | Jugin                     |                         |                                                                                | Office field                           |                |              |
| PAYMENT                                        |                                                                                           | (a) Amount Charged (b) Date of Charge    |                 |                                             | (0                                 | ) Date(s)                 | Credit Card Is          | suer                                                                           | Paid                                   |                |              |
|                                                |                                                                                           | ,<br>\$858.00                            |                 | 08/28/2023                                  | Ì                                  | , ()                      |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           | 4000.00                                  |                 | 00/20/2020                                  |                                    |                           |                         |                                                                                |                                        |                |              |
| PAYEE                                          | (a)                                                                                       | (a) Payee name<br>DAIRY QUEEN            |                 |                                             | (t                                 | ) Payee a                 | address;                |                                                                                | City,                                  | State,         | Zip Code     |
|                                                |                                                                                           |                                          |                 |                                             | 1                                  | 1224 W UNIVERSITY         |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           | DAIRT QUEEN                              | I               |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          |                 |                                             |                                    |                           | RG, TX 78504            | 1                                                                              |                                        |                |              |
| PURPOSE OF<br>EXPENDITURE                      | (Se                                                                                       | ) Category<br>ee Categories listed at th | ne top          | of this schedule)                           | ``                                 | ) Descrip                 | IATION EVE              | ΝТ                                                                             |                                        |                |              |
| X Political                                    | E                                                                                         | vent Expense                             |                 |                                             | ľ                                  |                           |                         |                                                                                |                                        |                |              |
| Non-Political                                  | (C)                                                                                       |                                          | utside          | of Texas. Complete Schedule                 | т                                  |                           | Check if Austin         | TX o                                                                           | officeholder living exp                | ense           |              |
| Complete <u>ONLY</u> if d                      | ``                                                                                        | Candidate/Officeho                       |                 | •                                           | office so                          | ought                     |                         | , .,,,,                                                                        | Office held                            |                |              |
| expenditure to benefit                         |                                                                                           |                                          |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
| PAYMENT                                        | (a                                                                                        | ) Amount Charged                         | ł               | (b) Date of Charge                          | (0                                 | :) Date(s)                | Credit Card Is          | suer                                                                           | Paid                                   |                |              |
|                                                |                                                                                           | \$1,508.00                               |                 | 08/28/2023                                  |                                    |                           |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           |                                          |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
| PAYEE                                          | (a)                                                                                       | ) Payee name                             |                 |                                             |                                    | ) Payee a                 |                         |                                                                                | City,                                  | State,         | Zip Code     |
|                                                |                                                                                           | Walgreens                                |                 |                                             | 1                                  | 1418 E UNIVERSITY         |                         |                                                                                |                                        |                |              |
|                                                |                                                                                           | <b>J</b>                                 |                 |                                             |                                    | EDINBURG, TX 78539        |                         |                                                                                |                                        |                |              |
| PURPOSE OF                                     | (a                                                                                        | ) Category                               |                 |                                             |                                    | ) Descrip                 |                         | ,                                                                              |                                        |                |              |
| EXPENDITURE                                    | (Se                                                                                       | ee Categories listed at th               | ne top          | of this schedule)                           | ``                                 | <i>,</i> .                | IATION EVE              | NT                                                                             |                                        |                |              |
| X Political                                    |                                                                                           | vent Expense                             |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |
| Non-Political                                  | (C)                                                                                       | ) Check if travel ou                     | utside          | of Texas. Complete Schedule                 | т.                                 |                           | Check if Austin         | , TX, c                                                                        | officeholder living exp                | ense           |              |
| Complete <u>ONLY</u> if d                      | ``                                                                                        | Candidate/Officeho                       |                 |                                             | office so                          | ought                     |                         |                                                                                | Office held                            |                |              |
| expenditure to benefit C/OH                    |                                                                                           |                                          |                 |                                             |                                    |                           |                         |                                                                                |                                        |                |              |

|                                                                                                                                                                                   | EXPE                                                   | ENDITURE CATEGOR                     | RIES FOR BOX 10(a)                                                                                                                     |                                                                          |                                                                                                                                                                          |                |     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica                                            | /- Gift/Award                                          | erage Expense<br>s/Memorials Expense | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Tran<br>Trav<br>Trav                                                     | iolicitation/Fundraising Expense<br>ransportation Equipment & Related Expense<br>ravel in District<br>ravel Out of District<br>DTHER (enter a category not listed above) |                |     |  |  |
|                                                                                                                                                                                   | The Inst                                               | ruction Guide explains               | how to complete this form.                                                                                                             |                                                                          |                                                                                                                                                                          |                |     |  |  |
| 1 Total pages Schedule F4:                                                                                                                                                        | 2 FILER NAME                                           |                                      |                                                                                                                                        | 3                                                                        | <b>B</b> Filer ID (Ethics Con                                                                                                                                            | mission Filers | s)  |  |  |
| Sch: 2/6 Rpt: 15/19                                                                                                                                                               | Flores, Jose Rober                                     | to (The Honorable)                   |                                                                                                                                        | (                                                                        | 00054826                                                                                                                                                                 |                |     |  |  |
| 4 CREDIT CARD<br>ISSUER                                                                                                                                                           | Name of fina                                           | ncial institution                    | 5 TOTAL OF UNITEM<br>EXPENDITURES<br>CHARGED TO A CR<br>CARD                                                                           | 5                                                                        | \$                                                                                                                                                                       |                |     |  |  |
| 6 PAYMENT                                                                                                                                                                         | (a) Amount Charged                                     | (b) Date of Charge                   | (c) Date(s) Credit Card                                                                                                                | Issuer F                                                                 | Paid                                                                                                                                                                     |                |     |  |  |
|                                                                                                                                                                                   | \$150.00                                               |                                      |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| 7 PAYEE (a) Payee name                                                                                                                                                            |                                                        |                                      | (b) Payee address;                                                                                                                     |                                                                          | City, Sta                                                                                                                                                                | te, Zip Co     | ode |  |  |
|                                                                                                                                                                                   | PALM VALLEY ANIMAL CLINIC                              |                                      |                                                                                                                                        | /AY 28:                                                                  | 1                                                                                                                                                                        |                |     |  |  |
|                                                                                                                                                                                   |                                                        | EDINBURG, TX 7854<br>(b) Description | 41                                                                                                                                     |                                                                          |                                                                                                                                                                          |                |     |  |  |
| 8 PURPOSE OF<br>EXPENDITURE                                                                                                                                                       | (, , ,                                                 |                                      |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   | Contributions/Donatio                                  | ,                                    | ANIMAL RESCUE D                                                                                                                        | ANIMAL RESCUE DONATION                                                   |                                                                                                                                                                          |                |     |  |  |
| X Political                                                                                                                                                                       | Candidate/Officehold                                   | er/Political Committe                |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T.                                                                                                          |                                                        |                                      |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   |                                                        |                                      | Office sought                                                                                                                          |                                                                          | Office held                                                                                                                                                              |                |     |  |  |
| expenditure to benefit C/OH                                                                                                                                                       |                                                        | (b) Date of Charge                   |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| PAYMENT                                                                                                                                                                           | (a) Amount Charged                                     | (c) Date(s) Credit Card              | (c) Date(s) Credit Card Issuer Paid                                                                                                    |                                                                          |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   | \$75.00                                                | 09/19/2023                           |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| PAYEE                                                                                                                                                                             | PAYEE (a) Payee name<br>Hidalgo County Bar Association |                                      |                                                                                                                                        | (b) Payee address; City, State, Zip Code<br>323 W CANO STREET, SUITE 100 |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   | (a) Catagony                                           |                                      | Edinburg, TX 78539                                                                                                                     |                                                                          |                                                                                                                                                                          |                |     |  |  |
| PURPOSE OF<br>EXPENDITURE                                                                                                                                                         | (a) Category<br>(See Categories listed at the top      | of this schedule)                    | (b) Description<br>HCB FEES                                                                                                            |                                                                          |                                                                                                                                                                          |                |     |  |  |
| X Political                                                                                                                                                                       | Fees                                                   |                                      |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| Non-Political                                                                                                                                                                     |                                                        | of Texas. Complete Schedule          |                                                                                                                                        | stin, TX, of                                                             | ficeholder living expense                                                                                                                                                |                |     |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                                                                                        | Candidate/Officeholder                                 |                                      | Office sought                                                                                                                          |                                                                          | Office held                                                                                                                                                              |                |     |  |  |
| PAYMENT                                                                                                                                                                           | (a) Amount Charged                                     | (b) Date of Charge                   | (c) Date(s) Credit Card                                                                                                                | Issuer F                                                                 | Paid                                                                                                                                                                     |                |     |  |  |
|                                                                                                                                                                                   | \$231.30                                               | 10/28/2023                           |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| PAYEE                                                                                                                                                                             | (a) Payee name                                         |                                      | (b) Payee address;                                                                                                                     |                                                                          | City, Sta                                                                                                                                                                | te, Zip Co     | ode |  |  |
|                                                                                                                                                                                   | HAYASHI                                                | 5600 N 10TH ST BL                    | 5600 N 10TH ST BUILDING A                                                                                                              |                                                                          |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   |                                                        |                                      | MCALLEN, TX 78504                                                                                                                      | 4                                                                        |                                                                                                                                                                          |                |     |  |  |
| PURPOSE OF<br>EXPENDITURE                                                                                                                                                         | (a) Category<br>(See Categories listed at the top      | of this schedule)                    | (b) Description                                                                                                                        | NICTIT                                                                   |                                                                                                                                                                          |                |     |  |  |
|                                                                                                                                                                                   | Food/Beverage Expe                                     |                                      | MEETING WITH CO                                                                                                                        | NSTI                                                                     | UENTS                                                                                                                                                                    |                |     |  |  |
| X Political                                                                                                                                                                       |                                                        |                                      |                                                                                                                                        |                                                                          |                                                                                                                                                                          |                |     |  |  |
| Non-Political                                                                                                                                                                     |                                                        | of Texas. Complete Schedule          |                                                                                                                                        | stin, TX, of                                                             | ficeholder living expense                                                                                                                                                |                |     |  |  |
| Complete ONLY if direct         Candidate/Officeholder name         Office sought           expenditure to benefit C/OH         Candidate/Officeholder name         Office sought |                                                        |                                      |                                                                                                                                        |                                                                          | Office held                                                                                                                                                              |                |     |  |  |

|                                                                                                                                        |                                                                              |                                               | U                                                                                                                                                                                          | SCHEDULE F4                                                                                                                                                                                                             |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                        |                                                                              |                                               |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expe<br>Fees<br>Food/Beve<br>/ - Gift/Awards<br>I Committee Legal Serv | erage Expense<br>s/Memorials Expense<br>rices | ILES FOR BOX 10(a)<br>Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor<br>now to complete this form. | Reimbursement Solicitation/Fundraising Expense<br>Rental Expense Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>contract Labor OTHER (enter a category not listed above) |  |  |  |  |
| 1 Total pages Schedule F4:                                                                                                             | 2 FILER NAME                                                                 |                                               |                                                                                                                                                                                            | 3 Filer ID (Ethics Commission Filers)                                                                                                                                                                                   |  |  |  |  |
| Sch: 3/6 Rpt: 16/19                                                                                                                    | Flores, Jose Robert                                                          | to (The Honorable)                            |                                                                                                                                                                                            | 00054826                                                                                                                                                                                                                |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER                                                                                                                |                                                                              | ncial institution                             | 5 TOTAL OF UNITEMIZE<br>EXPENDITURES<br>CHARGED TO A CREI<br>CARD                                                                                                                          | \$                                                                                                                                                                                                                      |  |  |  |  |
| 6 PAYMENT                                                                                                                              | (a) Amount Charged                                                           | (b) Date of Charge                            | (c) Date(s) Credit Card Iss                                                                                                                                                                | suer Paid                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                        | \$211.63                                                                     | 10/28/2023                                    |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| 7 PAYEE                                                                                                                                | (a) Payee name                                                               |                                               | (b) Payee address;                                                                                                                                                                         | City, State, Zip Code                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | 610 N 10TH sT                                                                                                                                                                              |                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                        | BONITAS FLOWER                                                               | RS                                            |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | MCALLEN, TX 78501                                                                                                                                                                          |                                                                                                                                                                                                                         |  |  |  |  |
| 8 PURPOSE OF                                                                                                                           | (a) Category                                                                 |                                               | (b) Description                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| EXPENDITURE                                                                                                                            | (See Categories listed at the top                                            |                                               | Memorial Expense                                                                                                                                                                           |                                                                                                                                                                                                                         |  |  |  |  |
| X Political                                                                                                                            | Gift/Awards/Memorial                                                         | is Expense                                    |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| Non-Political                                                                                                                          | (C) Check if travel outside                                                  | of Texas. Complete Schedule                   |                                                                                                                                                                                            | TX, officeholder living expense                                                                                                                                                                                         |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct                                                                                                       | Candidate/Officeholder                                                       | •                                             | ffice sought                                                                                                                                                                               | Office held                                                                                                                                                                                                             |  |  |  |  |
| expenditure to benefit C/OH                                                                                                            | ounduite, oniceriolder                                                       | land 0                                        | nice sought                                                                                                                                                                                |                                                                                                                                                                                                                         |  |  |  |  |
| PAYMENT                                                                                                                                | (a) Amount Charged                                                           | (b) Date of Charge                            | (c) Date(s) Credit Card Iss                                                                                                                                                                | suer Paid                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                        | \$40.45                                                                      | 10/28/2023                                    |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| PAYEE                                                                                                                                  | (a) Payee name                                                               | •                                             | (b) Payee address;                                                                                                                                                                         | City, State, Zip Code                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | 900 E REDBUD AVE E                                                                                                                                                                         | 900 E REDBUD AVE BLD F-G                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                        | SWEET N TASTY E                                                              | BAKERY                                        |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | MCALLEN, TX 78504                                                                                                                                                                          |                                                                                                                                                                                                                         |  |  |  |  |
| PURPOSE OF                                                                                                                             | (a) Category                                                                 |                                               | (b) Description                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| EXPENDITURE                                                                                                                            | (See Categories listed at the top<br>Food/Beverage Exper                     |                                               | MEETING WITH CONS                                                                                                                                                                          | STITUENTS                                                                                                                                                                                                               |  |  |  |  |
| X Political                                                                                                                            | Food/Deverage Lyper                                                          | 1130                                          |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| 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 O                                        | ice sought Office held                                                                                                                                                                     |                                                                                                                                                                                                                         |  |  |  |  |
| expenditure to benefit C/OH                                                                                                            |                                                                              |                                               |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| PAYMENT                                                                                                                                | (a) Amount Charged                                                           | (b) Date of Charge                            | (c) Date(s) Credit Card Iss                                                                                                                                                                | suer Paid                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                        | \$825.63                                                                     | 10/28/2023                                    |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| PAYEE                                                                                                                                  | (a) Payee name                                                               |                                               | (b) Payee address;                                                                                                                                                                         | City, State, Zip Code                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | 7600 N 10TH                                                                                                                                                                                |                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                        | HOBBY LOBBY                                                                  |                                               |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                        |                                                                              |                                               | MCALLEN, TX 78501                                                                                                                                                                          |                                                                                                                                                                                                                         |  |  |  |  |
| PURPOSE OF                                                                                                                             | (a) Category                                                                 |                                               | (b) Description                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| EXPENDITURE                                                                                                                            | (See Categories listed at the top                                            |                                               | RECOGNITION AWAF                                                                                                                                                                           | RD FRAMES & MOUNTING                                                                                                                                                                                                    |  |  |  |  |
| X Political                                                                                                                            | Gift/Awards/Memorial                                                         | is ⊨xpense                                    |                                                                                                                                                                                            |                                                                                                                                                                                                                         |  |  |  |  |
| Non-Political                                                                                                                          |                                                                              | of Texas. Complete Schedule                   |                                                                                                                                                                                            | TX officebolder living exposes                                                                                                                                                                                          |  |  |  |  |
|                                                                                                                                        | (c) Check if travel outside<br>Candidate/Officeholder                        | •                                             | ffice sought                                                                                                                                                                               | TX, officeholder living expense<br>Office held                                                                                                                                                                          |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                                             | Sandidate/Onicendider                                                        | name O                                        | nice sought                                                                                                                                                                                | Unice field                                                                                                                                                                                                             |  |  |  |  |

|                                                          |                                                                                                                   | Ε>                                            | PENDITURE CATEGOR                                                                                                                                                                                           | RIES FOR BOX 1    | L0(a)                                        |                                                                                                                                                                     |            |              |  |  |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|--|--|
| Accou<br>Consu<br>Contri                                 | tising Expense<br>Inting/Banking<br>Ilting Expense<br>butions/ Donations Made By<br>ndidate/Officeholder/Politica | Fees<br>Food/E<br>/ - Gift/Aw                 | Fees         Office Overhead/Rental Expense         Trat           Food/Beverage Expense         Polling Expense         Trat           Gitf/Awards/Memorials Expense         Printing Expense         Trat |                   |                                              | plicitation/Fundraising Expense<br>ansportation Equipment & Related Expense<br>avel in District<br>avel Out of District<br>THER (enter a category not listed above) |            |              |  |  |
|                                                          |                                                                                                                   | The l                                         | nstruction Guide explains                                                                                                                                                                                   | how to complete t | his form.                                    |                                                                                                                                                                     |            |              |  |  |
| 1 Total                                                  | pages Schedule F4:                                                                                                | 2 FILER NAME                                  |                                                                                                                                                                                                             |                   |                                              | 3 Filer ID (Ethi                                                                                                                                                    | cs Commiss | sion Filers) |  |  |
| Sch: 4                                                   | 4/6 Rpt: 17/19                                                                                                    | Flores, Jose Rob                              | erto (The Honorable)                                                                                                                                                                                        |                   |                                              | 00054826                                                                                                                                                            |            |              |  |  |
| 4 CRED<br>ISSUE                                          | DIT CARD<br>ER                                                                                                    | Name of fi                                    | Name of financial institution                                                                                                                                                                               |                   | OF UNITEMIZED<br>DITURES<br>ED TO A CREDIT   | \$                                                                                                                                                                  |            |              |  |  |
| 6 PAYN                                                   | IENT                                                                                                              | (a) Amount Charged                            | (b) Date of Charge                                                                                                                                                                                          | (c) Date(s)       | Credit Card Issue                            | r Paid                                                                                                                                                              |            |              |  |  |
|                                                          |                                                                                                                   | \$221.39                                      | 12/28/2023                                                                                                                                                                                                  |                   |                                              |                                                                                                                                                                     |            |              |  |  |
| 7 PAYE                                                   | E                                                                                                                 | (a) Payee name                                | •                                                                                                                                                                                                           | (b) Payee a       | address;                                     | City,                                                                                                                                                               | State,     | Zip Code     |  |  |
|                                                          |                                                                                                                   | LOREDOS TOR                                   | 3600 S S                                                                                                                                                                                                    | UGAR RD           |                                              |                                                                                                                                                                     |            |              |  |  |
|                                                          |                                                                                                                   |                                               |                                                                                                                                                                                                             | EDINBUF           | EDINBURG, TX 78539                           |                                                                                                                                                                     |            |              |  |  |
|                                                          | POSE OF                                                                                                           | (a) Category<br>(See Categories listed at the | top of this cohodula)                                                                                                                                                                                       | · · ·             | (b) Description                              |                                                                                                                                                                     |            |              |  |  |
|                                                          | Political                                                                                                         | Food/Beverage Ex                              |                                                                                                                                                                                                             | MEETING           | MEETING WITH CONSTITUENTS                    |                                                                                                                                                                     |            |              |  |  |
|                                                          | Non-Political (c) Check if travel outside of Texas. Complete Schedule                                             |                                               |                                                                                                                                                                                                             | ет. [             | Check if Austin, TX,                         | officeholder living exp                                                                                                                                             | oense      |              |  |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Of |                                                                                                                   |                                               | Office sought                                                                                                                                                                                               |                   | Office held                                  |                                                                                                                                                                     |            |              |  |  |
| expendit                                                 | ture to benefit C/OH                                                                                              |                                               | (b) Date of Charge                                                                                                                                                                                          |                   |                                              |                                                                                                                                                                     |            |              |  |  |
| PAYMENT                                                  |                                                                                                                   | (a) Amount Charged                            | (c) Date(s)                                                                                                                                                                                                 | Credit Card Issue | r Paid                                       |                                                                                                                                                                     |            |              |  |  |
|                                                          |                                                                                                                   | \$83.31                                       | 12/07/2023                                                                                                                                                                                                  |                   |                                              |                                                                                                                                                                     |            |              |  |  |
| PAYE                                                     | E                                                                                                                 | (a) Payee name                                | (b) Payee a                                                                                                                                                                                                 | address;          | City,                                        | State,                                                                                                                                                              | Zip Code   |              |  |  |
|                                                          |                                                                                                                   | WALK ONS                                      |                                                                                                                                                                                                             | 415 W TF          | 415 W TRENTON RD                             |                                                                                                                                                                     |            |              |  |  |
|                                                          |                                                                                                                   |                                               |                                                                                                                                                                                                             |                   | RG, TX 78539                                 |                                                                                                                                                                     |            |              |  |  |
| -                                                        | POSE OF                                                                                                           | (a) Category<br>(See Categories listed at the | ton of this schedule)                                                                                                                                                                                       | ( )               | (b) Description<br>MEETING WITH CONSTITUANTS |                                                                                                                                                                     |            |              |  |  |
|                                                          | Political                                                                                                         | Food/Beverage Ex                              | . ,                                                                                                                                                                                                         | MEETING           | 5 WITH CONST                                 | ITUANTS                                                                                                                                                             |            |              |  |  |
|                                                          | Non-Political                                                                                                     | (C) Check if travel outs                      | ide of Texas. Complete Schedule                                                                                                                                                                             | eT.               | Check if Austin, TX,                         | officeholder living exp                                                                                                                                             | oense      |              |  |  |
|                                                          | lete <u>ONLY</u> if direct<br>ture to benefit C/OH                                                                | Candidate/Officehol                           | der name C                                                                                                                                                                                                  | Office sought     |                                              | Office held                                                                                                                                                         |            |              |  |  |
| PAYN                                                     | /IENT                                                                                                             | (a) Amount Charged                            | (b) Date of Charge                                                                                                                                                                                          | (c) Date(s)       | Credit Card Issue                            | r Paid                                                                                                                                                              |            |              |  |  |
|                                                          |                                                                                                                   | \$217.38                                      | 12/09/2023                                                                                                                                                                                                  |                   |                                              |                                                                                                                                                                     |            |              |  |  |
| PAYE                                                     | E                                                                                                                 | (a) Payee name                                |                                                                                                                                                                                                             | (b) Payee a       | address;                                     | City,                                                                                                                                                               | State,     | Zip Code     |  |  |
|                                                          |                                                                                                                   | WALMART                                       |                                                                                                                                                                                                             | 4101 S M          | 4101 S MCCOLL                                |                                                                                                                                                                     |            |              |  |  |
|                                                          |                                                                                                                   |                                               |                                                                                                                                                                                                             |                   | RG, TX 78539                                 |                                                                                                                                                                     |            |              |  |  |
|                                                          |                                                                                                                   | (a) Category<br>(See Categories listed at the | ton of this schedule)                                                                                                                                                                                       | (b) Descrip       |                                              |                                                                                                                                                                     |            |              |  |  |
|                                                          | NDITURE                                                                                                           | Event Expense                                 | top of this schedule)                                                                                                                                                                                       | TOYS FO           | R TOY DRIVE                                  |                                                                                                                                                                     |            |              |  |  |
|                                                          | Political                                                                                                         | ·                                             |                                                                                                                                                                                                             |                   |                                              |                                                                                                                                                                     |            |              |  |  |
|                                                          | Non-Political                                                                                                     |                                               | ide of Texas. Complete Schedule                                                                                                                                                                             |                   | Check if Austin, TX,                         | officeholder living exp                                                                                                                                             | bense      |              |  |  |
|                                                          | lete <u>ONLY</u> if direct<br>ture to benefit C/OH                                                                | Candidate/Officehol                           | der name C                                                                                                                                                                                                  | Office sought     |                                              | Office held                                                                                                                                                         |            |              |  |  |
| L                                                        |                                                                                                                   |                                               |                                                                                                                                                                                                             |                   |                                              |                                                                                                                                                                     |            |              |  |  |

Forms provided by Texas Ethics Commission

**EXPENDITURES MADE BY CREDIT CARD** 

|                                                                                                                                           | SCHEDULE F4                                                                |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                           |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica    | Event Exp<br>Fees<br>Food/Beve<br>/ - Gift/Award<br>I Committee Legal Serv | rage Expense<br>s/Memorials Expense<br>ices | RES FOR BOX 10(a)<br>Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1 Total pages Schedule F4:                                                                                                                | 2 FILER NAME                                                               |                                             |                                                                                                                                                             | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |  |  |
| Sch: 5/6 Rpt: 18/19                                                                                                                       | Flores, Jose Rober                                                         | to (The Honorable)                          |                                                                                                                                                             | 00054826                                                                                                                                                                    |  |  |  |  |
| 4 CREDIT CARD<br>ISSUER                                                                                                                   |                                                                            |                                             |                                                                                                                                                             | ЕО <b>\$</b><br>DIT                                                                                                                                                         |  |  |  |  |
| 6 PAYMENT                                                                                                                                 | (a) Amount Charged                                                         | (b) Date of Charge                          | (c) Date(s) Credit Card Iss                                                                                                                                 | suer Paid                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                           | \$630.00                                                                   | 12/12/2023                                  |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| 7 PAYEE                                                                                                                                   | (a) Payee name                                                             |                                             | (b) Payee address;                                                                                                                                          | City, State, Zip Code                                                                                                                                                       |  |  |  |  |
|                                                                                                                                           |                                                                            |                                             | 200 US W EXPY 83                                                                                                                                            |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                           | HEB                                                                        |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                           |                                                                            |                                             | MCALLEN, TX 78504                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |
| PURPOSE OF     (a) Category       EXPENDITURE     (See Categories listed at the top of this schedule)       X Political     Event Expense |                                                                            |                                             | (b) Description<br>PROBATION / YOUTHFUL OFFENDER CHRISTMAS<br>GIVEAWAY                                                                                      |                                                                                                                                                                             |  |  |  |  |
| Non-Political                                                                                                                             | (C) Check if travel outside                                                | of Texas. Complete Schedule                 | T. Check if Austin,                                                                                                                                         | TX, officeholder living expense                                                                                                                                             |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct                                                                                                          | Candidate/Officeholder                                                     | name O                                      | office sought                                                                                                                                               | Office held                                                                                                                                                                 |  |  |  |  |
| expenditure to benefit C/OH                                                                                                               |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| PAYMENT                                                                                                                                   | (a) Amount Charged<br>\$75.00                                              | (b) Date of Charge<br>12/11/2023            | (c) Date(s) Credit Card Issuer Paid                                                                                                                         |                                                                                                                                                                             |  |  |  |  |
| PAYEE                                                                                                                                     | (a) Payee name                                                             |                                             | (b) Payee address;                                                                                                                                          | City, State, Zip Code                                                                                                                                                       |  |  |  |  |
|                                                                                                                                           |                                                                            |                                             | 1210 SAN ANTONI SU                                                                                                                                          | IITE 800                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                           | TEXAS CENTER F                                                             | OR THE                                      | AUSTIN, TX 78701                                                                                                                                            |                                                                                                                                                                             |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE                                                                                                                 | (a) Category<br>(See Categories listed at the top                          | of this schodulo)                           | (b) Description                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                           | Fees                                                                       |                                             | JUDICIAL FEES                                                                                                                                               |                                                                                                                                                                             |  |  |  |  |
| X Political                                                                                                                               |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| Non-Political                                                                                                                             |                                                                            | of Texas. Complete Schedule                 |                                                                                                                                                             | TX, officeholder living expense                                                                                                                                             |  |  |  |  |
| Complete ONLY if direct                                                                                                                   | Candidate/Officeholder                                                     | name O                                      | office sought                                                                                                                                               | Office held                                                                                                                                                                 |  |  |  |  |
| expenditure to benefit C/OH                                                                                                               |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| PAYMENT                                                                                                                                   | (a) Amount Charged                                                         | (b) Date of Charge                          | (c) Date(s) Credit Card Iss                                                                                                                                 | suer Paid                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                           | \$308.79                                                                   | 12/19/2023                                  |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| PAYEE                                                                                                                                     | (a) Payee name                                                             | •                                           | (b) Payee address; City, State, Zip                                                                                                                         |                                                                                                                                                                             |  |  |  |  |
|                                                                                                                                           | HAYASHI                                                                    |                                             | 5600 N 10TH ST BUIL                                                                                                                                         | 5600 N 10TH ST BUILDING A                                                                                                                                                   |  |  |  |  |
|                                                                                                                                           |                                                                            |                                             | MCALLEN, TX 78504                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |
| PURPOSE OF<br>EXPENDITURE                                                                                                                 | (a) Category<br>(See Categories listed at the top<br>Food/Beverage Expe    |                                             | (b) Description<br>MEETING WITH CON                                                                                                                         | STITUANTS                                                                                                                                                                   |  |  |  |  |
| X Political                                                                                                                               |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |
| Non-Political                                                                                                                             | (C) Check if travel outside                                                | of Texas. Complete Schedule                 | T. Check if Austin,                                                                                                                                         | TX, officeholder living expense                                                                                                                                             |  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                                                                             | Candidate/Officeholder                                                     | name O                                      | ffice sought                                                                                                                                                | Office held                                                                                                                                                                 |  |  |  |  |
|                                                                                                                                           |                                                                            |                                             |                                                                                                                                                             |                                                                                                                                                                             |  |  |  |  |

|                                                          |                                                                                                                                                     |                                                                                              | EXP          | ENDITURE CATEGO                                       | RIES FOR BOX                                                                                      | 10(a)                                        |                                                                       |        |          |  |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|--------|----------|--|
| Accounting<br>Consulting<br>Contributio                  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee |                                                                                              |              | ense<br>erage Expense<br>s/Memorials Expense<br>rices | Loan Repayment/F<br>Office Overhead/R<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Co | ental Expense                                | Transportation Equipn<br>Travel in District<br>Travel Out of District |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              | ruction Guide explains                                | how to complete                                                                                   | this form.                                   |                                                                       |        |          |  |
|                                                          | jes Schedule F4:                                                                                                                                    |                                                                                              |              |                                                       | 3 Filer ID (Ethics Commissi                                                                       |                                              |                                                                       |        |          |  |
| Sch: 6/6                                                 | 6 Rpt: 19/19                                                                                                                                        | Flores, J                                                                                    | ose Rober    | to (The Honorable)                                    |                                                                                                   |                                              | 00054826                                                              |        |          |  |
| 4 CREDIT<br>ISSUER                                       | CARD                                                                                                                                                | N                                                                                            | lame of fina | ncial institution                                     | EXPEN                                                                                             | EXPENDITURES \$<br>CHARGED TO A CREDIT       |                                                                       |        |          |  |
| 6 PAYMEN                                                 | NT                                                                                                                                                  | (a) Amount C                                                                                 | Charged      | (b) Date of Charge                                    | (c) Date(s                                                                                        | s) Credit Card Issu                          | er Paid                                                               |        |          |  |
|                                                          |                                                                                                                                                     | \$76.                                                                                        | 77           | 12/22/2023                                            |                                                                                                   |                                              |                                                                       |        |          |  |
| 7 PAYEE                                                  |                                                                                                                                                     | (a) Payee name                                                                               |              |                                                       | (b) Payee                                                                                         | address;                                     | City,                                                                 | State, | Zip Code |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       | 2901 N 2                                                                                          | 10TH ST #K                                   |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     | LE LAI E                                                                                     | ASTERN       |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       | MCALLE                                                                                            | EN, TX 78501                                 |                                                                       |        |          |  |
| 8 PURPOS                                                 |                                                                                                                                                     | (a) Category                                                                                 |              |                                                       | (b) Descri                                                                                        | iption                                       |                                                                       |        |          |  |
| EXPEND                                                   | DITURE                                                                                                                                              | (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                 |              |                                                       | MEETING WITH CONSTITUANTS                                                                         |                                              |                                                                       |        |          |  |
| X Political                                              |                                                                                                                                                     |                                                                                              | lago Expo    |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
| Nor                                                      | Non-Political (c) Check if travel outside of Texas. Comp                                                                                            |                                                                                              |              | of Texas. Complete Schedule                           | е Т.                                                                                              | X, officeholder living e                     | xpense                                                                |        |          |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Of |                                                                                                                                                     |                                                                                              |              | Office sought                                         |                                                                                                   | Office held                                  |                                                                       |        |          |  |
| expenditure                                              | e to benefit C/OH                                                                                                                                   |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
| PAYMENT                                                  |                                                                                                                                                     | (a) Amount Charged (b) Date of Charge                                                        |              |                                                       | (c) Date(s                                                                                        | s) Credit Card Issu                          | er Paid                                                               |        |          |  |
|                                                          |                                                                                                                                                     | \$90.03 12/24/2023                                                                           |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
| PAYEE                                                    |                                                                                                                                                     | (a) Payee name<br>CHOP STIX                                                                  |              |                                                       | (b) Payee                                                                                         | (b) Payee address; City, State, Zip Code     |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       | 1900 W                                                                                            | 1900 W UNIVERSITY DR                         |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   | EDINBURG, TX 78539                           |                                                                       |        |          |  |
| PURPOS<br>EXPEND                                         |                                                                                                                                                     | (a) Category<br>(See Categories listed at the top of this schedule)<br>Food/Beverage Expense |              |                                                       |                                                                                                   | (b) Description<br>MEETING WITH CONSTITUANTS |                                                                       |        |          |  |
|                                                          | -                                                                                                                                                   |                                                                                              |              |                                                       | MEETIN                                                                                            |                                              |                                                                       |        |          |  |
|                                                          | tical                                                                                                                                               |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          | n-Political                                                                                                                                         | (C) Check if travel outside of Texas. Complete Schedule T.                                   |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          | e <u>ONLY</u> if direct                                                                                                                             | Candidate/                                                                                   | Officeholde  | name C                                                | Office sought                                                                                     |                                              | Office held                                                           |        |          |  |
| experiature                                              | e to benefit C/OH                                                                                                                                   |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |
|                                                          |                                                                                                                                                     |                                                                                              |              |                                                       |                                                                                                   |                                              |                                                                       |        |          |  |