FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085787 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Marisa C. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX Balderas Flores** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6316 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78209 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Paul NAME NICKNAME LAST **SUFFIX** McLornan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 115 Paloma Dr. **ADDRESS** (Residence or Business) San Antonio, TX 78212 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 867-5262 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 224 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Balderas Flores, Mar	isa C. (The Honorable)	14 Filer ID 00085787	(Ethics Comr	nission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	olitical expenditures made by political on made without the candidate's or office this information only if they receive no	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASI	URER NAME			
		COMMITTEE CAMPAIGN TREASI	URER ADDRESS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTIO	S(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$	0.00	
	EES OF LOANS)	\$	0.00			
EXPENDITURE	\$	169.00				
TOTALS 4. TOTAL POLITICAL EXPENDITURES					168.00	
		\$	6,980.06			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AS OF THE LAST DAY OF THE	\$	40,375.64		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDI	NG LOANS AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required Election Code.			
		Т	⁻he Honorable Marisa C. Balderas	Flores		
			Signature of Candidate or Officeho	lder		
AFFIX NO	ГARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day	
of	, 20, to c	ertify which, witness my hand and se	eal of office.			
Signature of office	er administering oath	Printed name of officer admini	stering oath Title of office	r administerir	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 20
	LER NAN	(Ethics Commission Filers)		
I	ME OF	SUBTOTAL AMOUNT		
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)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 6,980.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 12.41

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 4/20	Balderas Flores, Marisa C. (The Honorable) 00085787
4	Date	5 Payee name
	09/30/2024	AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	9502 Computer Dr #201
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Sponsorship
		Livent opensorsing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	D-4-	
	Date	Payee name
	11/07/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.23	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies and Snacks for 224th Jurors
		Supplies and Shacks for 224th Jurois
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	5.	_
	Date	Payee name
	10/15/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.41	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
I		Snacks and Supplies for Jurors for the 224th
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 5/20	Balderas Flores, Marisa C. (The Honorable)	00085787
4	Date	5 Payee name	
	10/11/2024	Amazon	
6	Amount (\$) \$147.21	7 Payee address; City; State; Zip Code 410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE OF	[Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Snacks and Supplies for Jurors in the 224th
			Shacks and Supplies for Surors in the 224th
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/11/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.29	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Snacks and Supplies for the 224th
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/10/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.95	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense Supplies and Snacks for the 224th
			Supplies and Shacks for the 224th
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 6/20	Balderas Flores, Marisa C. (The Honorable) 00085787
4	Date	5 Payee name
	09/10/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.95	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies and Snacks for the 224th
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/12/2024	American Inns Of Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$290.00	225 Reinekers Lane
		Suite 770,
		Alexandria , VA 22314
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership Fee in American Inns of Court
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2024	Andy Mireles Charitible Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	329 Mary Louise Drive
		San Antonio, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica		mmittee	Legal Services	Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction	Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 4/16 Rpt: 7/20		Balderas Flo	ores, Marisa C	. (The Honor	able)				00085787		
4	Date	5	Payee name						·			
	12/11/2024		Bill Millers									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
Ĭ	\$49.80	ľ	4500 Broad		Otato,	Z.p 00	uo					
	¥ 10.00		.000 2.000	,								
			Can Antonia	TV 70200								
		_	San Antonic									
8	PURPOSE OF	(a)		ee Categories listed a	t the top of this scho	edule)	(b)	Description		df T O		.
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Con officeholder livin		I.
								224th Juror B			3 - 1	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
	Date		Payee name									
	10/21/2024		Bill Millers									
	Amount (\$)	┝	Payee addres	ss; City;	State:	Zip Co	de					
	\$49.80		4500 Broad	-	Otato,	Z.p 00	uo					
	Ψ10.00		1000 Broda	way								
			San Antonio	TY 79200								
	DUDDOCE	(0)					(h)	5				
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule	т.
	EXPENDITURE		roou/bever	age Expense				=		officeholder livin		
								Breakfast for	Jui	rors in the 2	24th	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/06/2024		Blanco Cafe)								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$36.76		1720 Blanco	o Ave								
			San Antonio	, TX 78212								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF	` `		age Expense	t the top of the con-	ouu.o,			outsi	de of Texas. Con	nplete Schedule	т.
	EXPENDITURE									officeholder livin		
								Breakfast for	Jui	rors in the 2	.24th	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experience to beliefit 6/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/16 Rpt: 8/20	Balderas Flores, Marisa C. (The Honorable) 00085787
4	Date	5 Payee name
	10/24/2024	Blanco Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.15	1720 Blanco Ave
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast Tacos for 224th Jurors
		2.000.000 10. 22 10.000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/15/2024	Blanco Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.58	1720 Blanco Ave
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Breakfast for Jurors in the 224th
	Commission ONLL V if disposit	Constitute /Office helder no year
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/27/2024	Blanco Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.74	1720 Blanco Ave
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for the 224th
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/16 Rpt: 9/20		Balderas Flo	ores, Marisa C.	(The Honora	able)				00085787		
4	Date	5	Payee name									
	08/09/2024		Blanco Cafe	!								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$37.29		1720 Blanco		·	·						
			San Antonio	TX 78212								
_	DUDDOCE	(0)					/h\	5 12				
8	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(a)	Description Check if travel (nutei	de of Teyas Con	nplete Schedule T.	
	EXPENDITURE		F000/Bever	age Expense				=		officeholder livin		
								Breakfast for	Jui	rors in the 2	24th	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H	Date		Payee name									
	07/29/2024		Costco									
	Amount (\$)	H	Payee addres	ss; City;	State:	Zip Co	de					
	\$55.18		,	p 1604 E Acces	•	Z.p 00	uo					
	Ψ33.10		1201 14 200	p 1004 L 710003	55 T Cu							
			C A	TV 70000								
			San Antonio									
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				=		officeholder livin	nplete Schedule T.	
								Snacks and s				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI					•	•					
-	Date	Ε	Dayoo nama									
	07/18/2024		Payee name Esquire									
				City	04-4	7:- 0-	-I -					
	Amount (\$)		Payee addres		State;	Zip Co	ae					
	\$44.89		155 E Comr	nerce								
			San Antonio), TX 78205								
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				므		officeholder livin	nplete Schedule T.	
								224th Staff Lu			у схрепас	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice soug	aht			Office h	eld	
	expenditure to benefit C/OI				0.	554	J			20011		
\vdash												
1												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/16 Rpt: 10/20 Balderas Flores, Marisa C. (The Honorable) 00085787 4 Date Payee name 10/30/2024 Esquire 6 Amount (\$) Payee address; City; State; Zip Code \$104.95 155 E Commerce San Antonio, TX 78205 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/23/2024 Fogo de Chao Amount (\$) Payee address; City; State; Zip Code \$307.48 849 E Commerce St San Antonio, TX 78205 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Holiday Luncheon 224th Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2024 Frost Bank Amount (\$) Payee address; City; State; Zip Code \$2.00 110 Austin Hwy San Antonio, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Banking fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 11/20	Balderas Flores, Marisa C. (The Honorable) 00085787
4	Date	5 Payee name
	10/17/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.82	516 S. Flores
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Snacks and Supplies for the 224th
		Shacks and Supplies for the 224th
_	Occupated ONLY if disease	Out idea to 10ff and a laboratory
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/21/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.90	516 S. Flores
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for the 224th
_	Commission ONII V if disposi	Condidate Office helder page
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Hernandez, Hilda
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	37 NE Loop 410
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Decor for the 224th
_	Commission ONU V. II.	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 12/20	Balderas Flores, Marisa C. (The Honorable) 00085787
4	Date	5 Payee name
	11/18/2024	Jennys Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.14	8055 Culebra Rd
		114
		San Antonio , TX 78251
_	DUDDOCE	I
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		224th Contribution to staff Thanksgiving Luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2024	Maba San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 830953
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event Sponsorship
	Operation ONLY if allowed	One field to 100% on held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Maba San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 830953
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 13/20	Balderas Flores, Marisa C. (The Honorable)	00085787
4	Date	5 Payee name	•
	08/22/2024	NW Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	PO BOX 681911	
		San Antonio, TX 78268	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Liveria Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Event Attend	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/19/2024	NW Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00	PO BOX 681911	
		San Antonio, TX 78268	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	L LVCIII Experise	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		1 	sorship- Maloney Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/19/2024	Northeast Bexar County Democrats PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$770.00	7122 San Pedro Ave	
		Ste. 114	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense sorship- Labor Day
		Event opens	lorship Eason Day
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pi Sa	Ü	se s/Contract Labor	Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER NAM	IE				3 Filer ID	(Ethics Commission Filers)
	Sch: 11/16 Rpt: 14/20	Balderas F	Flores, Marisa C. (T	he Honorab	ole)		00085787	7
4	Date	5 Payee name	 e				1	
	08/26/2024		dinority Affairs, State	e Bar				
6	Amount (\$)	7 Payee addr	-		Zip Code			
	\$269.99	1414 Colo	•		p			
		Austin, TX	78701					
8	PURPOSE	(a) Category	See Categories listed at the t	on of this schedul	le) (b)	Description		
	OF EXPENDITURE	Event Exp		op of this soriedal		:	outside of Texas. C	omplete Schedule T.
	EXPENDITORE					\Box	n, TX, officeholder liv	
						Event Spons	orsnip- Donai	tion of door prizes for
9	Complete ONLY if direct	Condidata	fficeholder nome	Offi	00 00:=+1		O#:	hold
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Onic	ce sought		Office	Tielu
	Date	Payee nam	e					
L	12/30/2024	Primo Wat	er					
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code			
	\$34.97	1430 Aust	in Hwy					
		San Anton	io, TX 78209					
	PURPOSE	(a) Category (See Categories listed at the t	op of this schedul	le) (b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense					omplete Schedule T.
						Water Servic	n, TX, officeholder liv	
						Water Servic	c ZZ+tii Staii	and outors
\vdash	Complete ONLY if direct	Candidate/Of	fficeholder name	Offic	ce sought		Office	held
	expenditure to benefit C/O				- 3			
H	Date	Payee nam						
	12/16/2024	Primo Wat						
	Amount (\$)	Payee addr		State: 7	Zip Code			
	\$34.96	1430 Aust						
			,					
		San Anton	io, TX 78209					
	PURPOSE OF		See Categories listed at the t	op of this schedul	le) (b)	Description		
	EXPENDITURE	Food/Beve	erage Expense			ш	outside of Texas. Con, TX, officeholder liv	omplete Schedule T.
						Water Servic		
	Complete ONLY if direct	Candidate/Of	fficeholder name	Offic	ce sought		Office	held
	expenditure to benefit C/O	Н			-			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/16 Rpt: 15/20	Balderas Flores, Marisa C. (The Honorable) 00085787				
4	Date	5 Payee name				
	11/18/2024	Primo Water				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$55.95	1430 Austin Hwy				
		San Antonio, TX 78209				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Water Service for the 224th				
		Water Service for the 22-th				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	11/04/2024	Primo Water				
Н	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.97	1430 Austin Hwy				
		San Antonio, TX 78209				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Water Service for the 224th				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI					
F	Date	Payee name				
	10/21/2024	Primo Water				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$22.96	1430 Austin Hwy				
		San Antonio, TX 78209				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Water Service for the 224th				
		vvaler Service for the 224th				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
\vdash						
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/16 Rpt: 16/20 Balderas Flores, Marisa C. (The Honorable) 00085787 4 Date Payee name 10/07/2024 Primo Water 6 Amount (\$) Payee address; City; State; Zip Code \$25.97 1430 Austin Hwy San Antonio, TX 78209 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water Service for the 224th Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2024 Primo Water Amount (\$) Payee address; City; State; Zip Code \$31.97 1430 Austin Hwy San Antonio, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense water service for the 224th Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 Primo Water Amount (\$) Payee address; City: State; Zip Code \$37.97 1430 Austin Hwy San Antonio, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water Service for the 224th Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 14/16 Rpt: 17/20	Balderas Flores, Marisa C. (The Honorable) 00085787						
4	Date	5 Payee name						
	08/12/2024	Primo Water						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$25.97	1430 Austin Hwy						
		San Antonio, TX 78209						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Water Service for the 224th						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	07/29/2024	Primo Water						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.97	1430 Austin Hwy						
		San Antonio, TX 78209						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Water Delivery Service for the 224th						
		133.5. 25.115.) 55.1155 15. 41.6 22.41.						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Davide name						
	07/15/2024	Payee name Primo Water						
		- · · · · · · · · · · · · · · · · · · ·						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.97	1430 Austin Hwy						
		San Antonio, TX 78209						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Water Delivery Service for the 224th						
		114.5. 20.115. 05.1150 10. 4.10 22.14.						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 15/16 Rpt: 18/20	Balderas Flores, Marisa C. (The Honorable) 00085787						
4	Date	5 Payee name						
	07/01/2024	Primo Water						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$25.97	1430 Austin Hwy						
		San Antonio, TX 78209						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Water Delivery Service						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	-1						
	Date	Payee name						
	10/15/2024	San Antonio Hispanic Chamber of Commerce						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$118.30	3006 General Hudnell Dr						
		San Antonio, TX 78226						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
	Event Attendance expense							
	Complete ONLY if direct	omplete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	y						
	Date	Davida nama						
	09/10/2024	Payee name San Antonio Hispanic Chamber of Commerce						
		·						
	Amount (\$) \$110.00	Payee address; City; State; Zip Code 3006 General Hudnell Dr						
	Ψ110.00	3000 General Hadriell Di						
		San Antonio, TX 78226						
	DUDDOCE	To.						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Event Attendance ticket						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter	a category not listed above)		
				The Instruction G	uide explains l	how to cor	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)	
	Sch: 16/16 Rpt: 19/20		Balderas Fl	ores, Marisa C.	(The Honor	able)				00085787			
4	Date	5	Payee name										
	09/12/2024			niversity Alumr	i Assc								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	de						
	\$400.00		1 Camino S		•	•							
	¥ 100.00												
			San Antonio	, TX 78223									
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description					
l	OF		Event Expe			,			outsi	de of Texas. Cor	nplete Schedule T.		
l	EXPENDITURE		•					Check if Austin,	, TX,	officeholder livin	g expense		
l								Event Attenda	anc	e			
l													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld		
Г	Date		Payee name										
	09/20/2024			ic Justice Foun	dation								
┝	Amount (\$)	_	Payee addre			Zip Cod	da						
l			•		•	Zip Cot	uc						
l	\$250.00		104 Babcoc	k Road Suite 1	07								
l													
			San Antonio	o, TX 78201									
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description					
l	OF EXPENDITURE	Event Expense						de of Texas. Cor	nplete Schedule T.				
EXPENDITORE								ш	ustin, TX, officeholder living expense				
Event Sponsorsh						nip							
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	+											
┢													
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru		ages Schedule K: L/1 Rpt: 20/20				
2	FILER NAME Balderas Flo	er ID 00857	(Ethics Commission Fi	lers)			
4	Date 12/26/2024	'					\$1.51
		San Antonio, TX 78209 7 Purpose for which amount is received Check if	noliti	ool	oontri	bution returned to filer	
		Check ii	politi	Cai	COILLI	bullon returned to liler	
	Date 11/27/2024		Amount (\$)	\$1.99			
		San Antonio, TX 78209	noliti	001	aantri	ibution returned to filer	
		Purpose for which amount is received Check if	politi	cai	contri	bution returned to filer	
	Date 09/26/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$2.80
		San Antonio, TX 78209					
		Purpose for which amount is received					
	Date 08/26/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$3.24
		San Antonio, TX 78209					
		Purpose for which amount is received	politi	cal	contri	bution returned to filer	
	Date 07/25/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$2.87
		San Antonio, TX 78209					
		Purpose for which amount is received Check if Interest on Accounty	politi	cal	contri	bution returned to filer	