CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00020023		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Maria Luisa			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CUEFIX	07/11/2025	
	NICKNAME Lulu	LAST Flores		SUFFIX	01/11/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 40969					
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78704				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.l</u>	
TREASURER		Rudy R.				
NAME	IVII.	rtudy it.				
	NICKNAME					
		LAST Colmenero		SUFFIX		
		Connenero				
2 0445404	OTDEET ADDRESS (NO DO	DOV DI EASE)	4.00	- / OLUTE // OLTY	0.7.4	TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	АР	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	901 South Mopac Expwy.					
(Residence or Business)	Bldg. 3, Suite 410					
	Austin, TX 78746					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER		E NOWBER E	EXTENSION			
PHONE	(512) 472-2464					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	npaign treasurer
		1 ,		_	appointment (offic	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				Teporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year	XPi	rimary	Runoff	Other	
	03/03/2026	□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 51		State Represent		
	·			· ·		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Flores, Maria Luisa(The Honorable)	14 Filer ID (I 00020023	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w I officeholders are required to report this info	vithout the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AI	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHEI ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF I	LOANS)	\$ 20,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,371.53
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 16,294.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 123,114.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAI TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the acc udes all information required to Code.	
		The F	Honorable Maria Luisa Flor	res
		Signa	ture of Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
	, 20, to continuous cer administering	ertify which, witness my hand and seal of office		administoring oath
Signature of Offi	cei aunimistening	Printed name of officer administering	riue oi oiilcer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 19	
18 FILER NAME19 Filer ID(Ethics Commission 00020023Flores, Maria Luisa (The Honorable)00020023						
l		E SUBTOTALS SCHEDULE		SUB ⁻	TOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,294.01	
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	DNS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$		

	MONET	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to compl	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/19	
2	FILER NAME Flores, Maria	a Luisa (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020023
4	Date 06/27/2025	5 Full name of contributor out-of-star Texans for Truth & Liberty PAC 6 Contributor address; City; State; Zip Code	e	7 Amount of Contribution (\$) \$10,000.00
		Austin, TX 78701-1819		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction:	s)
	Date 06/27/2025	Full name of contributor out-of-sta Texas Trial Lawyers Assocation PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78701-1814 upation / Job title (See Instructions)	Employer (See Instruction	s)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	J.,
1	Total pages Schedule F1:		thics Commission Filers)
	Sch: 1/15 Rpt: 5/19	Flores, Maria Luisa (The Honorable) 00020023	
4	Date	5 Payee name	
Ļ	06/16/2025	AT&T	
6	Amount (\$) \$86.52	7 Payee address; City; State; Zip Code208 S Akard St	
	φου.σ2	200 3 / Mara 31	
		Dallas, TX 75202-4206	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living exp	ense
		phone convice	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	05/16/2025	AT&T	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.52	208 S Akard St	
		D. II TV 75000 4000	
L		Dallas, TX 75202-4206	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete	Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living exp	
		phone service	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
⊨	Date	Payee name	
	04/16/2025	AT&T	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.52	208 S Akard St	
		Dallas, TX 75202-4206	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	a .
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp	
		phone service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit 6/01		

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 Ex Legal Services The Instruction Guid			ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a)
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/15 Rpt: 6/19	Flores, I	Maria Luisa (The Ho	norable)			(00020023		
4	Date	5 Payee na	ame				1			
	03/17/2025	AT&T	-							
6	Amount (\$)	7 Payee at	ddress; City;	State:	Zip Cod	e				
	\$86.52	208 S A		Siaic,	p	~				
	400.02									
		Dallas,	TX 75202-4206							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule) (b) Description				
	OF EXPENDITURE		verhead/Rental Expe						plete Schedule T.	
	-					phone service		officeholder living	g expense	
						priorie servic	,,,			
9	Complete ONLY if direct	Candidate	/Officeholder name		ffice soug	ht		Office he	eld	
	expenditure to benefit C/O		Tomocholder Hame		mec soug			Onice III		
	Date	Payee na	ame							
L	02/18/2025	AT&T								
	Amount (\$)	Payee ad	ddress; City;	State;	Zip Cod	e				
	\$86.47	208 S A	kard St							
		Dallas, ⁻	TX 75202-4206							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule) (b) Description				
	OF EXPENDITURE		verhead/Rental Expe			=			plete Schedule T.	
						Check if Austir		officeholder living	g expense	
						priorie servic	, C			
	Complete ONLY if direct	Candidate	/Officeholder name		ffice soug	ht		Office he	eld.	
	expenditure to benefit C/O		Omecholder Hame	O	mee soug			Office H	Jiu	
\vdash	Data									
	Date	Payee na	ame							
	01/16/2025	AT&T								
	Amount (\$)	Payee at		State;	Zip Cod	e				
	\$86.46	208 S A	kard St							
		Dallas,	TX 75202-4206							
	PURPOSE OF		(See Categories listed at the		edule) (b) Description	_	_		
	EXPENDITURE	Office C	verhead/Rental Expe	ense		<u> </u>		e of Texas. Com officeholder living	plete Schedule T.	
						phone service		mcendiael livin(g expense	
						p 001 VIO				
	Complete ONLY if direct	L Candidate	/Officeholder name	0	ffice soug	ht		Office he	eld	
	expenditure to benefit C/OI		 	· ·	9					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 7/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	04/07/2025	Austin Young Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca St
		Ste Pm 110
		Austin, TX 78701-2110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		GONALIDATION .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/10/2025	CFC Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 301074
	,	
		Austin, TX 78703-0018
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		compliance consulting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Cabello Moron, Juan Pablo
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	114 French Oaks Cir
		The Woodlands, TX 77382
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Salary supplement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 4/15 Rpt: 8/19	Flores, Maria Luisa (The Honorable) 00020023	
4	Date	5 Payee name	_
	02/06/2025	Del Rio, Alicia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	7400 Ladle Ln	
		Austin, TX 78749-2844	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Salary supplement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	_
	03/06/2025	Del Rio, Alicia	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	7400 Ladle Ln	
	φοσο.σσ	Tios Ladio Lit	
		Austin, TX 78749-2844	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Salary supplement	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕			_
	Date	Payee name	
L	04/07/2025	Del Rio, Alicia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7400 Ladle Ln	
		Augin TV 70740 2044	
L	DUDD005	Austin, TX 78749-2844	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Salary supplement	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	7	
_			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	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: 5/15 Rpt: 9/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	05/15/2025	Del Rio, Alicia
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7400 Ladle Ln Austin, TX 78749-2844
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
١	OF	i i i i i i i i i i i i i i i i i i i
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2025	Del Rio, Alicia
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7400 Ladle Ln
		Austin, TX 78749-2844
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Salary supplement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2025	Dove Springs Proud
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4103 Sojourner St
		Austin, TX 78725-1747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITURE	Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 10/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	06/09/2025	El Alma Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.50	1025 Barton Springs Rd
		Austin, TX 78704-1148
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 staff lunch
		Stan functi
_	Operation ONLY & Street	Occasional (Office health and a second secon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 2910
		Austin, TX 78768-2910
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		ducs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/17/2025	IT Caucus
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 2910
	\$250.00	PO B0X 2910
		Austin, TX 78768-2910
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		uuc3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a extension not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
Ĺ	Sch: 7/15 Rpt: 11/19	Flores, Maria Luisa (The Honorable) 6 Flores, Maria Luisa (The Honorable)
4	Date	5 Payee name
	06/26/2025	La Voz Newspapers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 19457
		Austin, TX 78760-9457
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/28/2025	La Voz Newspapers
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 19457
		Austin, TX 78760-9457
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		advertisement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	•
	Date	Payee name
	03/04/2025	La Voz Newspapers
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 19457
		Austin, TX 78760-9457
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/15 Rpt: 12/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	01/15/2025	Legislative Study Group
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768-2910
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	MALC
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1108 Lavaca St
		Ste Pm 110
		Austin, TX 78701-2110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Men4Choice
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3420 Whirlaway Dr
		Northbrook, IL 60062-6363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Cabe dula Ed	<u> </u>	_					
	Total pages Schedule F1: Sch: 9/15 Rpt: 13/19	2 FILER NAME Flores, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020023						
4	Date	5 Payee name						
(01/23/2025	Michaels						
6 /	Amount (\$) \$147.11	7 Payee address; City; State; Zip Code 5400 Brodie Ln Sunset Valley, TX 78745-2500						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense frames for office art						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
(01/23/2025	Michaels						
,	Amount (\$)	Payee address; City; State; Zip Code	_					
	\$181.75	5400 Brodie Ln						
		Sunset Valley, TX 78745-2500						
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense frames for office art						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
(01/23/2025	Michaels						
,	Amount (\$) \$54.02	Payee address; City; State; Zip Code 5400 Brodie Ln						
		Sunset Valley, TX 78745-2500						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense frames for office art						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 10/15 Rpt: 14/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	01/23/2025	Michaels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.75	5400 Brodie Ln
		Sunset Valley, TX 78745-2500
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		frames for office art
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payes name
	01/21/2025	Payee name Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.44	5400 Brodie Ln
		Sunset Valley, TX 78745-2500
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		frames for office art
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies name
	01/02/2025	Payee name Ngp Van
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 15/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	06/03/2025	Ngp Van
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database software
		Balabase sollware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2025	Ngp Van
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Database software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2025	Ngp Van
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.50	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database software
		Dalabase sollwale
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
•	Sch: 12/15 Rpt: 16/19	Flores, Maria Luisa (The Honorable) 00020023			
4	Date	5 Payee name			
	03/03/2025	Ngp Van			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$266.50	655 15th St NW			
		Ste 650			
		Washington, DC 20005-5738			
8	PURPOSE	1			
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Database software			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OI				
	Date	Payee name			
	02/06/2025	Ngp Van			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$266.50	655 15th St NW			
	4200.00	Ste 650			
		Washington, DC 20005-5738			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
Cneck if Austin, 1X, officenoider living expense					
		Database software			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	03/06/2025	PODER			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	4926 E Cesar Chavez St			
	Ψ230.00	4920 E Cesai Chavez St			
		Austin, TX 78702-5138			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		advertisement			
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 13/15 Rpt: 17/19	Flores, Maria Luisa (The Honorable) 00020023
4	Date	5 Payee name
	01/17/2025	Texas Criminal Justice Reform Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 2910
		Austin, TX 78768-2910
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
		ducs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		Г
	Date	Payee name
	06/20/2025	Texas Observer
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.50	PO Box 11554
		Austin, TX 78711-1554
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation / event tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2025	Texas Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 2910
		Austin, TX 78768-2910
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		dues
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/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: 14/15 Rpt: 18/19	Flores, Maria Luisa (The Honorable) 00020023			
4	Date	5 Payee name			
	03/07/2025	Travis County Democratic Party			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	1311 E 6th St			
		Ste B			
		Austin, TX 78702-3368			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense sponsorship			
		Sponsorship			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	06/17/2025	USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$382.00	3903 S Congress Ave			
	7502.00				
		Austin, TX 78704-0201			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
post office box renewal					
	Date	Payee name			
	01/27/2025	USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.40	3903 S Congress Ave			
		A.vti-a. TV 70704 0004			
		Austin, TX 78704-0201			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		postage			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	¬			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	<u>ء</u>	•				9	Filer ID	(Ethics Commission Filers)
	Sch: 15/15 Rpt: 19/19		Flores, Maria Luisa (The Honorab	ole)			3	00020023	(Ethics Commission Filers)
4	Date	5	Payee name						
	03/27/2025	ľ	University Democrats						
6	Amount (\$)	7	Payee address; City; S	State; Zip	Code				
	\$250.00		907 W 23rd St	•					
			Apt D						
		ı	Austin, TX 78705-5035						
8	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel		ide of Texas. Com	
	LAI LINDITORE		Candidate/Officeholder/Political Co	ommittee		ш	, TX	, officeholder living	expense
						contribution			
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office s	ouaht			Office he	eld
	expenditure to benefit C/O				9				