FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054826 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose Roberto NAME Date Received **ELECTRONICALLY FILED** 07/11/2025 NICKNAME LAST **SUFFIX** Bobby Flores CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ricardo NAME NICKNAME LAST **SUFFIX** Rick Salinas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 584-3900 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 139 Hidalgo District Judge District 139th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Flores, Jose Roberto	(The Honorable)		14 Filer ID 00054826	(Ethics Co	mmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's known consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME						
Ш -	GENERAL								
		COMMITTEE AD	DRESS						
	SPECIFIC								
		COMMITTEE CA	MPAIGN TREASURER NAME						
		COMMITTEE CA	MPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL (CONTRIBUTIONS(OTHER THA	 N PLEDGES, LOANS	 5,				
TOTALS		ES OF LOANS, OF	R CONTRIBUTION'S MADE ELE	ECTRONICALLY)	\$	0.00			
		ICAL CONTRIBI PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF LOAN	NS)	\$	0.00			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	11,400.83			
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	22,801.66			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE I	LAST DAY OF THE	\$	274,903.38			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT									
			I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	ty of perjury, that the all information require	accompanyin d to be repor	g report is ted by me			
			The Honor	able Jose Roberto	Flores				
			Signature o	of Candidate or Office	holder				
AFFIX NC	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		day			
			s my hand and seal of office.						
Signature of offi	cer administering oath	Printed name	e of officer administering oath	Title of off	cer administe	ering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 18		
_	ER NAN ores, Jo	(Eth	ics Commission Filers)		
	HEDULI ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	18,264.76
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,536.90
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$		
12.		\$			

	LOANS (J	UDICIAL)				SCHED	OULE E	(J)
	The Instructio	on Guide explains how to complete this	Total pages Schedule E(J): Sch: 1/1 Rpt: 4/18					
2	FILER NAME Flores, Jose Rob	perto (The Honorable)			Filer ID 000548	(Ethics Com	nmission Fil	ers)
4	TOTAL OF UN	IITEMIZED LOANS		•		\$		0.00
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	<u>l</u>					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	into political (See Inst		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount (Guaranteed	I (\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	nouse	(if any)			
	· 				(** ***********************************			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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: 1/9 Rpt: 5/18	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	04/03/2025	CHASE CARD SERVICES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.81	PO BOX 15123
		Wilmington, DE 19850-5123
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Itemized in F-4
		Refilized iii i
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/23/2025	CHASE CARD SERVICES
H	Amount (\$)	Payee address; City; State; Zip Code
	\$315.24	PO BOX 15123
		Wilmington, TX 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		itemized in f-4
		KONIEGO III I
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/02/2025	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$432.86	PO BOX 15123
		Wilmington, TX 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense itemized in F4
		ROTHIZEG III I 4
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

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

	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: 2/9 Rpt: 6/18	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	06/17/2025	CHASE CARD SERVICES
6	Amount (\$) \$313.83	7 Payee address; City; State; Zip Code PO BOX 15123
		Wilmington, TX 19850-5123
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Itemized in F4
		Romized iii i 4
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
)	expenditure to benefit C/O	
	Date	Payee name
	02/05/2025	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,128.71	PO BOX 15123
		Wilmington, TX 19850-5123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ITEMIZED IN F-4
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	oxponuntare to senionic ere.	
	Date	Payee name
L	04/04/2025	CHASE CARD SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.81	PO BOX 15123
		Wilmington, TX 19850-5123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Itemized in F4
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 7/18	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	02/11/2025	FOOD BANK OF THE RIO GRANDE VALLEY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO BOX 6251
		MCALLEN, TX 78502
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) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food bank donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/05/2025	Hayes, Selina
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	612 W Nolana, Suite 250
		McAllen, TX 78501
	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
		LATINO EMPOWERMENT EVENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/25/2025	Higher Frequency Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	205 Business Hwy 83 E
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Charch Donation
	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 -

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	
1	Total pages Schedule F1:	<u> </u>
-	Sch: 4/9 Rpt: 8/18	Flores, Jose Roberto (The Honorable)
1	Date	5 Payee name
-	01/30/2025	LOPEZ, CRISTOBEL (Mrs.)
Ļ		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2106 EAST RICHARDSON RD
		EDINBURG, TX 78539
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 Church Population
		Church Donation, Jesuscristo el Sanador
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	06/04/2025	MCHI STEPPERS BOOSTER CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2021 LA VISTA AVE
		MCALLEN, TX 78501
	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
		Sponsorship/ Bonation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		
	Date	Payee name
	02/10/2025	McAllen Independent School District
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2000 N 23rd Street
		McALLen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Study abroad school donation
_	Operation ONE VIII II	Overskidete (Office healther resume
	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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)		
L				ide explains h	now to cor	nple	ete this form.				_
1	Total pages Schedule F1:	l						3		(Ethics Commission Filers)	
_	Sch: 5/9 Rpt: 9/18		, Jose Roberto (The F	Honorable)					00054826		
4	Date	5 Payee									
L	02/10/2025	Memo	rial for K9 Hondo								
6	Amount (\$)	7 Payee	address; City;	State;	Zip Cod	de					
	\$100.00	305 As	shley Way								
		Pharr.	TX 78577								
8	PURPOSE		(See Categories listed at the	o top of this set	odule)	(þ)	Description				_
ľ	OF		butions/Donations Ma		eaule)	(2)	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		date/Officeholder/Poli		ittee		_		officeholder living		
			 -				service K9 D	ona	ation		
9	Complete ONLY if direct		te/Officeholder name	0	office souç	ght			Office he	eld	
	expenditure to benefit C/OI	H									
	Date	Payee	name								=
	01/15/2025	PAZ, 0	CECILIA								
	Amount (\$)	Payee	address; City;	State;	Zip Cod	de					_
	\$500.00	1401 (QUAMASIA								
		MCAL	LEN, TX 78504								
	PURPOSE OF	(a) Catego	(See Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Salarie	es/Wages/Contract La	ıbor			=			plete Schedule T.	
							K-Labor	, т.Х,	officeholder living	a exhense	
							. Labor				
\vdash	Complete ONLY if direct	Candida:	te/Officeholder name		office sough	thr			Office he	eld	-
	expenditure to benefit C/OI		5o. Hamo	O	55 504(٠٠٠٠			0oc 110		
\vdash	Date	Dayes	nama								=
	05/05/2025	Payee	name CECILIA								
											4
	Amount (\$)	1 ′	address; City;	State;	Zip Coo	de					
	\$500.00	1401 (QUAMASIA								
L		MCAL	LEN, TX 78504								
	PURPOSE	I	(See Categories listed at th	•	edule)	(b)	Description	_			
	OF EXPENDITURE	Salarie	es/Wages/Contract La	ıbor			브			pplete Schedule T.	
	- -						Check if Austin, K- Labor	, TX,	officeholder living	g expense	
							Nº LADUI				
	Complete ONLY if direct	Candida	te/Officeholder name		office soug	thr			Office he	old	_
	expenditure to benefit C/OI		te/Onicendidel Hairie	U	mice sou(yııı			Office He	ciu	
											_
_											

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 10/18	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	02/20/2025	Paz4All
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 720581
		McAllen, TX 78504
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 Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	⊣
	Date	Payee name
	02/10/2025	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.37	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Cell Phone
		Cell Friorie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2025	T-MOBILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.50	1708 W STE C UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Cell Phone
		Cell Filone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)					
<u> </u>		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/9 Rpt: 11/18		Flores, Jose	Roberto (The Ho	norable)				00054826		
4	Date	5	Payee name								
	04/09/2025		T-MOBILE								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode					_
	\$150.00			E C UNIVERSITY	·						
			EDINIBLIBO	TV 70E20							
Ļ		<u> </u>	EDINBURG								_
8	PURPOSE OF	(a)		ee Categories listed at the t		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Expe	nse				de of Texas. Com officeholder living	nplete Schedule T.	
							Cell Phone	, 17,	onicendaei iivini	g expense	
							301 110110				
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name	Office see	labt			Office b	old	_
9	expenditure to benefit C/OI		Januluale/Ollic	cenoider name	Office sou	ignt			Office h	eia	
	·	_									_
	Date		Payee name								
	05/02/2025		T-MOBILE								
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$129.50		1708 W ST	E C UNIVERSITY							
			EDINBURG	. TX 78539							
	PURPOSE	(2)				(h)	Description				_
	OF	(a)		ee Categories listed at the t		(1)	Description Check if travel (nutsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Expe	rise		=		officeholder living		
							Cell Phone				
	Complete ONLY if direct		 Candidate/Offi	ceholder name	Office sou	<u>ı</u> ıght			Office h	eld	-
	expenditure to benefit C/OI	Н				_					
-	Date	Т	Dayson name								=
	06/06/2025		Payee name T-MOBILE								
											_
	Amount (\$)		Payee addres		State; Zip Co	ode					
	\$129.50		1708 W STE	E C UNIVERSITY							
			EDINBURG	, TX 78539							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this schedule)	(b)	Description				_
	OF EXPENDITURE			nead/Rental Expe			Check if travel	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE			·			ш	, TX,	officeholder living	g expense	
							Cell Phone				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	Н									
											-
l											

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

	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: 8/9 Rpt: 12/18	Flores, Jose Roberto (The Honorable) 00054826
4	Date	5 Payee name
	03/04/2025	The Hunger Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	110 West 30th Street, 6th floor
L		NewYork, NY 10001
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Tranger program deritation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	03/25/2025	U.S. POSTAL SERVICE
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	620 E PECAN BLVD
		MCALLEN, TX 78501-9998
	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 PO BOX rental Expense
		To Box Terrial Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/18/2025	WELCOME HOME RGV
	Amount (\$) \$71.45	Payee address; City; State; Zip Code 219 NOLANA, SUITE A
	Φ/1.45	219 NOLANA, SOTTE A
		McAllen, TX 78504
	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
		Logo Shirts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	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 -Candidate/Officeholder/Political Comn

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/Political Commi Credit Card Payment			nmittee	Legal Services The Instruction			ages	/Contract Labor		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: 13/18	ı		Roberto (The	Honorable)					00054826	,
4	Date	5	Payee name								
	05/19/2025			HOME RGV							
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de				
	\$310.68		219 NOLAN	IA, SUITE A							
		┝	McAllen, TX								
8	PURPOSE OF			ee Categories listed a	t the top of this sch	edule)	(b)	Description			
	EXPENDITURE		Event Expe	nse				ш		de of Texas. Com	
								logos/ shirts/		officeholder living	expense
								logos/ silits/	uci	Jais	
_		<u> </u>									
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	06/07/2025		WELCOME	HOME RGV							
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de				
	\$176.12	l	•	IA, SUITE A	•	•					
	Ψ170.12		213 1102/11	,, 0011E7							
			McAllen, TX	78504							
	PURPOSE	(a)	Category (Sc	ee Categories listed a	t the top of this sch	edule)	(b)	Description			
	OF			/Memorials Ex					outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder living	expense
								LOGO decals	3		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
-											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

ement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Abor OTHER (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 Filer ID (Ethics Commission Filers)			
	Sch: 1/5 Rpt: 14/18	Flores, Jose Rober	00054826						
4	CREDIT CARD ISSUER	Name of financial institution CHASE CARD SERVICES 5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD			IDITURES	\$ 2,268.45			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$85.43 03/20/2025								
7	PAYEE	(a) Payee name WALMART		(b) Payee address; City, S 4101 S MCCOLL			State,	Zip Code	
L					RG, TX 78539				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption SUPPLIES				
	X Political	Office Overhead/Rent	tal Expense	OFFICE	JUFFLILJ				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
		\$26.96	05/04/2025						
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		SAMS CLUB		7601 N.	10TH STREET				
				MCALLE	EN, TX 78504				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	JUROR APPRECIATION DAY					
	X Political								
	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct Candidate/Officeholder name Office Office Candidate/Officeholder name Officeholder name Officeho				e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuei	r Paid			
		\$24.81	03/25/2025						
	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code	
		THE HOME DEPOT		801 W TRENTON					
		THE HOME BEI O	•	McAllon	TX 78504				
┝	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Descri					
	EXPENDITURE			OFFICE SUPPLIES					
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
\vdash	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held			
е	expenditure to benefit C/OH								
Г									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	e F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 2/5 Rpt: 15/18	Flores, Jose Rober	to (The Honorable)	00054826					
4 CREDIT CARD ISSUER	Name of financial institution see previous See previous TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 2,268.45				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$41.85	04/01/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	AMAZON PRIME		440 TERRY AVE N					
			SEATTLE, WA 98109					
8 PURPOSE OF	(a) Category	-f.th-i	(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			OFFICE SUPPLIES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$163.15	04/02/2025						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	WALK ONS		415 W TRENTON RD					
			EDINBURG, TX 78539					
PURPOSE OF	(a) Category		(b) Description MEETING WITH CONSTITUENTS					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	•						
Non-Political	(a) Chapte if traval autoids	of Texas. Complete Schedule T.	Check if Augtin TV	officebolder living our				
	(c) Check if travel outside Candidate/Officeholder		e sought	C, officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolaer	name One	c sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
			(6) 2 41.5(6) 5.5411 5414 15545					
	\$288.83	05/08/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	LA FOGATA		300 N SHARY RD	-1.5,				
			MISSION, TX 78572					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	,	MEETING WITH CONST	TITUENTS				
X Political	Food/Beverage Expe	nse						
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 Offic	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

		The Inst	ruction Guide explains how	to complete t	his form.					
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)					
	Sch: 3/5 Rpt: 16/18	Flores, Jose Roberto (The Honorable)				00054826				
4	CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 2,268.45					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$25.00	05/25/2025							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code		
		D&M CLEANERS			OSNER BLVD					
Ļ	DUDDOOF OF	(a) Catagoni			RG, TX 78539					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	uon					
	X Political	Office Overhead/Rent	tal Expense	KOBL						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	omplete Schedule T. Check if Austin, TX,			, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$164.48	04/08/2025							
PAYEE		(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
		COLUMBIA SPORTSWEAR		5001 W F	RONTAGE RD					
				MERCED	ES, TX 78570					
	PURPOSE OF	(a) Category	(1)	(b) Description SHIRTS						
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)							
	X Political	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$241.42	04/23/2025							
Г	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
			5600 N 10TH ST BUILDING A							
		HAYASHI 								
					N, TX 78504					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip	ition S WITH CONSTI	THENTS					
	X Political	Food/Beverage Expe	*	INICETING	VALID CONOLI	IULIVIO				
	Non-Political	(a) \Box a \Box a \Box		<u> </u>		<i>"</i>				
\vdash		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	sought	Check if Austin, TX,	officeholder living exp	ense			
_ _	Complete ONLY if direct expenditure to benefit C/OH	Canadate/Officeriolder	name Office	Jougni		Office field				
Ĕ										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

	The Insti	ruction Guide explains how	to complete this	s form.		,	,	
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)					
Sch: 4/5 Rpt: 17/18	Flores, Jose Rober	00054826						
4 CREDIT CARD ISSUER	Name of final see pi	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2,268.45						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$745.00	02/05/2025						
7 PAYEE	(a) Payee name Walgreens		(b) Payee ad 1418 E UN	•	RSITY		Zip Code	
			EDINBURG					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description					
EXPENDITURE	Gift/Awards/Memorial	· · · · · · · · · · · · · · · · · · ·	Probation/	Youthful Offend	der Program			
X Political		,						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid			
	\$75.00	02/05/2025						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	e, Zip Code	
	Hidalgo County Bar	Association	323 W CANO STREET, SUITE 100					
			Edinburg, T	X 78539				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description DUES/ FEES					
X Political	1 1 6 6 3							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	office sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$260.00	(b) Date of Charge 02/05/2025	(c) Date(s) C	redit Card Issuei	Paid			
PAYEE	(a) Payee name	I	(b) Payee ad	dress;	City,	State,	Zip Code	
			200 US W EXPY 83					
	HEB							
			MCALLEN,	TX 78504				
PURPOSE OF	(a) Category		(b) Description Probation/ Youthful Offender Program					
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial							
X Political	Gill/Awarus/Memorial	s Expense						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
1		·						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Contributions/ Donations Made B Candidate/Officeholder/Politica			rinting Expense alaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		bove)	
	The Inst	ruction Guide explains ho	w to complete this form.				
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (E	thics Commis	sion Filers)	
Sch: 5/5 Rpt: 18/18 Flores, Jose Roberto (The Honorable)				00054826			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR		\$ 2,268.45		
			CARD	CEDIT	1		
6 PAYMENT	(a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card	Issuer Paid			
	\$48.71	01/04/2025					
	Ψ+0.7 1	01/04/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			5115 N 10TH ST				
	OFFICE DEPOT						
			MCALLEN, TX 7850	4			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Office Supplies				
X Political	Office Overhead/Ren	tal Expense					
Non-Political	(c) Check if travel outside	of Toyas, Complete Schodule T	Chack if Aus	stin, TX, officeholder living	ovnonco		
9 Complete ONLY if direct			ce sought		Office held		
expenditure to benefit C/OH	Canadate/Onicenolaei	That is a second of the second	Affice Sought Office Held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
TATMENT			(b) Date(3) Credit Card 133der 1 and				
	\$77.81	02/27/2025					
PAYEE	(a) Dayes name		(b) Dayon addraga	City	Ctoto	7in Codo	
PAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	The Dog Stadium		1402 N Closner Blvd				
			Ediphura TV 70541				
PURPOSE OF	(a) Category		Edinburg, TX 78541 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	· · · · · · · · · · · · · · · · · · ·				
X Political	Food/Beverage Expe	nse					
			<u> </u>				
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held			
expenditure to benefit C/OH							