CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00080439		2 Total pages f	iled: 24
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Peter P.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2025	
	Pete	Flores				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1 E Greenway Plaza St 22	25			Receipt #	Amount
Change of Address	Houston, TX 77046					
	Tiouston, 1X 11040				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	James E.				
	NICKNANE			CLIETIV		
	NICKNAME	LAST Flores		SUFFIX		
		Fiores				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	r / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	1 E Greenway Plaza Ste 2	225				
(Residence or Business)	Houston, TX 77046					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(713) 526-3399					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	ımpaign treasurer
		-			appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
		I⊓G	eneral	Special		
				<u></u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Senator District 24			State Senator D	istrict 24	
	1			I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Flores, Peter P. (The	Honorable)	14 Filer ID (I 00080439	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho d officeholders are required to report this information	ut the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
	CDECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 27,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 69,931.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 298,840.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pentrue and correct and included under Title 15, Election Code	all information required to	
			onorable Peter P. Flores	
		Signature	of Candidate or Officehold	lei
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHEE	T PG 3 3 of 24
	LER NA ores, P	(Ethics Commissi	on Filers)		
20 S0	CHEDUL	E SUBTOTALS		CURTOTAL	AMOUNT
N/	AME OF	SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	63,867.47
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,064.31
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/24	
2	FILER NAME Flores, Peter	r P. (The Honorable)		3	Filer ID (Ethics Commission 00080439	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$5,000.00
•	Dringing oggu	Houston, TX 77046	9 Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Houston Police Retired Officers Association PAC- Fund Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Mach, Steve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77219				
	VP of Financ	pation / Job title (See Instructions) ce	Employer (See Instructions) Mach Industries)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions))				
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Ron Lewis & Associates Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	ILE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/2 Rpt: 5/24	
2	FILER NAME Flores, Pete	r P. (The Honorable)		3	Filer ID (Ethics Commiss 00080439	sion Filers)
4	Date 06/27/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$10,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78759				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			5)		
	Date 06/30/2025	Full name of contributor x out-of-state PAC (ID#: Contributor address; City; State; Zip Code	000284885)		Amount of Contribution (\$)	\$2,500.00
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions) Developer	Employer (See Instructions	<u> </u>		

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

	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: 1/16 Rpt: 6/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	06/20/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 81226
		Seattle, WA 98108
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
		Parade Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$425.69	PO Box 650448
		Dallas, TX 75265
	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 Campaign Credit Card Payment
		Campaign Greate Sala Fayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,234.25	PO Box 650448
		Dallas, TX 75265
	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.
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense Campaign Credit Card Payment
		Campaigh Credit Card Fayment
	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 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/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 7/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	03/03/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$704.22	PO Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
		Check if Austin, TX, officeholder living expense
		Campaign Credit Card Payment
ldash		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		·
	Date	Payee name
	04/02/2025	American Express
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,145.48	PO Box 650448
		Dallas, TX 75265
	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 Campaign Credit Card Payment
		Campaigh Credit Card Fayment
\vdash	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiordine to berieff C/O	
	Date	Payee name
	04/28/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.33	PO Box 650448
		Dallas, TX 75265
	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 Campaign Credit Card Payment
		Campaign Credit Card Payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 3/16 Rpt: 8/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	06/26/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St Ste 1770
		New Orleans, LA 70112
8	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
		Campaign Merchant Account Fees
		Sampagn moronaut roosant roos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/06/2025	Payee name Bell County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	204 N East St Ste A-1
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Consulting Fees
		Campaign Constituing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Data	
	Date	Payee name Payl County Young Popublicans
	03/31/2025	Bell County Young Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	30 Thomas Arnold Rd
		Salado, TX 76571
	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 Contribution
		Continuation
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
	<u> </u>	

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	
_	Tatal as a second of Education Education	<u> </u>
1	Total pages Schedule F1: Sch: 4/16 Rpt: 9/24	2 FILER NAME Flores, Peter P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080439
4	Date	5 Payee name
	01/01/2025	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/O	1
	Date	Payee name
	02/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Consulting Fees
	Complete ONLY if alias -t	Condidate/Officeholder name Office county
	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 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 10/24	Flores, Peter P. (The Honorable) 00080439
4 Date	5 Payee name
05/01/2025	Blakemore & Associates
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Consulting Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/01/2025	Blakemore & Associates
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
	Houston, TX 77046
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Consulting Fees
	Campaign Concarding 1 coc
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	Para mana
Date	Payee name
06/01/2025	Blakemore & Associates
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Consulting Fees
Operation Children	Overfield to 100% and a little way of the second to 100%
Complete <u>ONLY</u> 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
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: 6/16 Rpt: 11/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	02/03/2025	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.27	4815 Mueller Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
L	03/04/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$212.02	4815 Mueller Blvd
l		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Campaign Austin Lodging Utilities
		Campaign / lacan zoaging canado
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/01/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.10	4815 Mueller Blvd
	¥==0:=0	1020 111801101 2118
l		Austin, TX 78723
	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
		Campaign Austin Lodging Utilities
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/O	,

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: 7/16 Rpt: 12/24	Flores, Peter P. (The Honorable)	00080439
4	Date	5 Payee name	
	05/02/2025	City Of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$204.97	4815 Mueller Blvd	
		Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Campaign A	ustin Lodging Utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
5	expenditure to benefit C/OI		Office field
_	Date	Daviso name	
	06/02/2025	Payee name City Of Austin	
	Amount (\$) \$213.05	Payee address; City; State; Zip Code 4815 Mueller Blvd	
	Φ213.05	4013 Mueller Divu	
		Austin TV 70700	
		Austin, TX 78723	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autida of Taura Camplata Cabadula T
	EXPENDITURE	Onice Overnead/Nental Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		, <u> </u>	ustin Lodging Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/22/2025	Clayton Spangler Photo Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$429.00	235 Point Lick Dr	
		Charleston, WV 25306	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITORE		n, TX, officeholder living expense
		Legislative P	notography
	0 1 0 0 1 1 1 1		0"
	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 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	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: 8/16 Rpt: 13/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	05/30/2025	Excellence Appliance Repair
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$404.86	14801 Ronald Reagan Blvd
		Leander, TX 78641
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 expense
		Capitol Office Refrigerator Repair
Ļ	0 1. 5	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	One Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.31	1301 S. Mopac Expressway Ste 400
		Austin, TX 78746
	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
		Campaign Austin Lodging Utilities
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/06/2025	One Gas
H		Payee address; City; State; Zip Code
	Amount (\$) \$184.18	
	Φ104.18	1301 S. Mopac Expressway Ste 400
		A
		Austin, TX 78746
	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
		Campaign Austin Lodging Utilities
		Sampaign / double Coughing Cultures
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 9/16 Rpt: 14/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	03/06/2025	One Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$189.74	1301 S. Mopac Expressway Ste 400
		Austin, TX 78746
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.
	ZXI ZXIDITORZ	Compaign Austin, TX, officeholder living expense
		Campaign Austin Lodging Utilities
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	04/04/2025	One Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.89	1301 S. Mopac Expressway Ste 400
		Austin, TX 78746
	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 Campaign Austin Lodging Utilities
		Campaign Addin Eddging Canacs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dove nome
	05/06/2025	Payee name One Gas
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.40	1301 S. Mopac Expressway Ste 400
		Austin, TX 78746
	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
		Campaign Austin Lodging Utilities
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Political Committee Legal Services Salaries/Wages/Contract 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: 15/24	Flores, Peter P. (The Honorable) 00080439						
4	Date	5 Payee name	_					
l	06/05/2025	One Gas						
6	Amount (\$) \$36.55	7 Payee address; City; State; Zip Code 1301 S. Mopac Expressway Ste 400						
l								
		Austin, TX 78746						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Austin Lodging Utilities						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
F	Date	Payee name	_					
l	01/08/2025	Raconteur Media Company						
H	Amount (\$)	Payee address; City; State; Zip Code	_					
l	\$2,535.55	PO Box 26511						
		Austin, TX 78755						
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		Campaign Digital Consulting						
l								
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/Ol	H						
Г	Date	Payee name	_					
	02/10/2025	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code	_					
l	\$2,535.55	PO Box 26511						
l								
l		Austin, TX 78755						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
l	OF EXPENDITURE	Consulting Expense						
l		Check if Austin, TX, officeholder living expense Campaign Digital Consulting						
l		Campaigh Digital Consulting						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/O							
\vdash			_					

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 Salaries (Contract Labor

Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract a category net listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		ers)					
	Sch: 11/16 Rpt: 16/24	Flores, Peter P. (The Honorable) 00080439						
4	Date	5 Payee name						
	03/04/2025	Raconteur Media Company						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,535.55	PO Box 26511						
		Austin, TX 78755						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Campaign Digital Consulting						
_	Complete ONLY if direct	Condidate/Officeholder notes Office country						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Data	T _						
	Date	Payee name						
	04/02/2025	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,535.55	PO Box 26511						
		Austin, TX 78755						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Campaign Digital Consulting						
		Campaign Digital Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	05/01/2025	Raconteur Media Company						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,535.55	PO Box 26511						
	Ψ2,555.55	1 O BOX 20011						
		Austin TV 707EE						
		Austin, TX 78755						
	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	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Digital Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	PH						

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	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: 17/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	05/29/2025	Raconteur Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,535.55	PO Box 26511
		Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Digital Consulting
		Campaign 2.gran concerning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/04/2025	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,535.55	PO Box 26511
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Digital Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/14/2025	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	PO Box 12068
	¥==:00	. 6 26X <u>22</u> 666
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Flags For Constituent
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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 Salaries (Contract Labor

ravel in Distr Travel Out of I Contract Labor OTHER (ente

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

l	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: 13/16 Rpt: 18/24	Flores, Peter P. (The Honorable) 00080439	
4	Date	5 Payee name	-
	05/09/2025	Texas Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$560.00	PO Box 12068	
		Austin, TX 78701	
8	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 Campaign Flags For Constituent	
		Campaign riags for Constituent	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	06/30/2025	The Austin Club	
H	Amount (\$)	Payee address; City; State; Zip Code	-
	\$350.00	110 E 9th St	
		Austin, TX 78701	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Fundraising Event Facilities	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
	03/03/2025	The Gin at Nolan Creek	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,136.26	219 S Easy St	
		Belton, TX 76513	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Cancelled Fundraising Event Facities Rental	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			_

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	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: 14/16 Rpt: 19/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	01/17/2025	The Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	PO box 12068
		Austin, TX 78711
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
		Members Lounge Fees
		monizoro <u>L</u> oungo i coo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	The Spaw Senate Account
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO box 12068
		Austin, TX 78711
	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 Senate Coffee Fund
		Contact Control Land
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/05/2025	The Spaw Senate Account
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$361.25	PO box 12068
		Austin, TX 78711
Г	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 Senate Kitchen Staff Fund
		Senate Nitchen Stan Fund
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

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		mmittee	Legal Services			es/Contract 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						3	Filer ID	(Ethics Commission Filers)
	Sch: 15/16 Rpt: 20/24		Flores, Pete	r P. (The Honor	rable)				00080439	
4	Date	5	Payee name							
	01/01/2025		Woodmagic	Properties LLC						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	Code				
	\$2,750.00		PO Box 341	435						
			Lakeway, T	X 78734						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description			
	OF EXPENDITURE			nead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	LAFENDITORE						—		officeholder living	g expense
							Campaign Au	JSTI	n Loaging	
_	2	L				<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ought			Office he	eld
		_								
	Date		Payee name							
	02/01/2025		Woodmagic	Properties LLC						
	Amount (\$)		Payee addres		State; Zip C	Code				
	\$2,750.00		PO Box 341	.435						
			Lakeway, T	X 78734						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	D escription			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	oense		<u> </u>			plete Schedule T.
							Campaign Au		officeholder living	g expense
							Campaign 7 to		Loughig	
	Complete ONLY if direct		 Candidate/Offi	ceholder name	Office so	<u>l</u> ouaht			Office he	eld
	expenditure to benefit C/OI					3				
_	Date		Payee name							
	03/01/2025		•	Properties LLC						
_	Amount (\$)		Payee addres		State; Zip C	aho.				
	\$2,750.00		PO Box 341	-	State, Zip C	Joue				
	Ψ2,730.00		1 0 000 341	.400						
			Lakoway T	V 70724						
		_	Lakeway, T			1				
	PURPOSE OF	(a) 		e Categories listed at th		(a)	Description Check if travel	nutsi	de of Teyas Com	plete Schedule T.
	EXPENDITURE		Office Overr	nead/Rental Exp	bense		ш		officeholder living	
							Campaign Au	usti	n Lodging	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н								
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 16/16 Rpt: 21/24	Flores, Peter P. (The Honorable) 00080439
4	Date	5 Payee name
	04/01/2025	Woodmagic Properties LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code PO Box 341435
	\$2,750.00	PO BOX 341433
		Lakeway, TX 78734
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Woodmagic Properties LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,750.00	PO Box 341435
		Lakeway, TX 78734
	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
		Campaign Austin Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2025	Woodmagic Properties LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,750.00	PO Box 341435
		Lakeway, TX 78734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Pental Expense
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Austin Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 1/3 Rpt: 22/24	Flores, Peter P. (Th	ne Honorable)			00080439					
4 CREDIT CARD ISSUER	Name of final America	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid					
	\$2,081.39	05/21/2025								
7 PAYEE	(a) Payee name Johnson, Kevin		(b) Payee ac	ldress; Jefferson St	City,	State,	Zip Code			
				TX 79226-084	1					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
l <u> </u>	Office Overhead/Ren	•	Badges Fo	r Senate Crimii	nai Justice Co	mmittee				
X Political										
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH	() 4 () 4	L (1) D (1 (10)	1() 5 : () 6	17.0	5 : 1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	04/28/2025	redit Card Issuer	r Paid					
	\$217.33	03/11/2025	0 1/20/2020	•						
PAYEE	(a) Payee name		(b) Payee ac	ldrace:	City,	State,	Zip Code			
	(a) Fayee name	908 Congre		City,	State,	Zip Code				
	Quattro Gatti	300 Congre	233 AVC							
			Austin, TX	78701-2422						
PURPOSE OF	(a) Category	(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	Capitol Staff Meeting								
X Political	1 ood/beverage Expe	1130								
Non-Political	(c) Check if travel outside	ide of Texas. Complete Schedule T. Check if Austin, T			X, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 04/02/2025	redit Card Issuer	r Paid					
	\$1,000.00	02/24/2025	04/02/2023)						
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ldress;	City,	State,	Zip Code			
			616 East L				·			
	Coryell GOP									
			Gatesville,	TX 76528						
PURPOSE OF	(a) Category		(b) Description	on						
EXPENDITURE	(See Categories listed at the top Contributions/Donation	•	Contributio	n						
X Political		er/Political Committee								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

		The Insti	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 23/24	Flores, Peter P. (Th	ne Honorable)	00080439					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	. OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	Paid			
		\$145.48	02/18/2025	04/02/20	025				
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Hoovers Cooking		2002 Mr	nr Rd Ste C				
					X 78722				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
	X Political	Food/Beverage Expe	· ·	Capitol S	Staff Meeting				
	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	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$369.43	(b) Date of Charge 01/30/2025	(c) Date(s 03/03/20	e) Credit Card Issuer 1925	r Paid			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Top Shelf Tees	Top Shelf Tees		semer Ave Suite	1			
		() 2 :	Llano, TX 78643						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Campaign Logoed Promotional Items					
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$334.79	(b) Date of Charge 01/10/2025	(c) Date(s 03/03/20	e) Credit Card Issuer 125	r Paid			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Top Shelf Tees		800 Bessemer Ave Suite 1					
				Llano, TX 78643					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Descri					
			Campaiç	gn Logoed Promo	tional Items				
Advertising Expense									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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		ices Sal ruction Guide explains how	laries/Wages/Con		THER (enter a category	/ not listed al	oove)		
	nis iorm.	I							
1 Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 3/3 Rpt: 24/24	Flores, Peter P. (Th	ne Honorable)			00080439				
4 CREDIT CARD				OF UNITEMIZED					
ISSUER see previous			DITURES ED TO A CREDIT	\$					
			CARD	LB TO A GREBIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$1,567.43	01/06/2025	02/03/202						
	\$1,507.45	01/00/2023							
7 PAYEE	(a) Payee name		(b) Payee a	addross:	City,	State,	Zip Code		
	(a) Fayee name				City,	State,	Zip Code		
	Reagan Day Dinne	r	10675 Pe	rry Hwy 1316					
			l						
	() 2			PA 15090					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
l <u>—</u>	Contributions/Donation		Contributi	on					
X Political		er/Political Committee							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	ense			
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)	Credit Card Issue	r Paid				
	\$348.46	05/25/2025							
	φο-ιοί-το	00/20/2020							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
		2002 Mnr		- 5,	,				
	Hoovers Cooking		2002 11111						
			Austin, TX 78722						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Capitol Staff Meeting						
X Political	Food/Beverage Expe	nse							
I <u>=</u>	L								
Non-Political	<u> </u>	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									