

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00020023	2 Total pages filed: 82		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable .....	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Lulu .....	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 40969 Austin, TX 78704			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Rudy R. .....	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 901 South Mopac Expwy. Bldg. 3, Suite 410 Austin, TX 78746		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 472-2464					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 51			12 OFFICE SOUGHT (if known) State Representative District 51		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Flores, Maria Luisa (The Honorable)		14 Filer ID (Ethics Commission Filers) 00020023
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 28,245.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 2,221.89
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 25,970.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 124,145.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Maria Luisa Flores

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Flores, Maria Luisa (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00020023
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,322.09
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,923.08
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 25,970.41
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 370.34

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/52 Rpt: 4/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Brookline, MA 02445-6883	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlgren, Carol	Amount of Contribution (\$) \$4.43
	Contributor address; City; State; Zip Code  Round Rock, TX 78665-3947	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-3513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Steven	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78723-2355	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardalan, Ard	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-1003	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/52 Rpt: 5/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Argujo, Anthony	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739-1469	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arriola, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78715-2588	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Billy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-1061	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-6143	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONILLA, MICHELLE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78731-6012	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/52 Rpt: 6/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-1514	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Sunnyvale, CA 94087-1514	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Diana	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78701-1325	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barndt, Patricia	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Harleysville, PA 19438-1041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Jennifer	Amount of Contribution (\$) \$2.14
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660-7965	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/52 Rpt: 7/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Roger	<b>7</b> Amount of Contribution (\$) \$4.43
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-2343	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battles, Linda	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660-4786	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bears Fonte, Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78729-1760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Angela	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945-2409	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Rita	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78749-1238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/52 Rpt: 8/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Sarah	<b>7</b> Amount of Contribution (\$) \$3.57
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-3824	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bixby, Pamela	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78704-4960	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Dana	Amount of Contribution (\$) \$21.43
	Contributor address; City; State; Zip Code  Austin, TX 78751-2208	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6093	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braley, Bruce	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Denver, CO 80246-2665	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/52 Rpt: 9/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brickman, Michael	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Charleston, SC 29402-0879	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) RPWB
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Jay	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78746-6316	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristol, Valarie	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-5423	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Marshall	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78722-1923	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Helen	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  Austin, TX 78746-2906	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/52 Rpt: 10/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia (The Honorable)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-2806	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia (The Honorable)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-2806	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, Dan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2808	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camarillo, Sylvia	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660-2881	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Gilbert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78702-3223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/52 Rpt: 11/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnes, Mary Alice	<b>7</b> Amount of Contribution (\$) \$14.28
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748-1921	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Michael	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Eugene, OR 97405-4126	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Michael	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Eugene, OR 97405-0391	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Michael	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Eugene, OR 97405-0391	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Christy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78735-1635	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/52 Rpt: 12/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor Carpenter, Thomas	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Shakopee, MN 55379-4313	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-4346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2025	Full name of contributor Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-4346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor Carranza, Susana	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-4346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2025	Full name of contributor Carranza, Susana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-4346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/52 Rpt: 13/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-4346	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana ..... Contributor address; City; State; Zip Code  Austin, TX 78701-4346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carzola, Sidra ..... Contributor address; City; State; Zip Code  Pflugerville, TX 78660-3443	Amount of Contribution (\$) \$4.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randy & Debra Danburg ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevalier, Joi ..... Contributor address; City; State; Zip Code  Austin, TX 78757-2345	Amount of Contribution (\$) \$14.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/52 Rpt: 14/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor Chigubu, Vivian	<b>7</b> Amount of Contribution (\$) \$3.57
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78747-1301	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor Chipps, Mary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Ava, MO 65608-8522	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Chirlin, Gary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Derwood, MD 20855-2043	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2025	Full name of contributor Clarke, Margot	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-5420	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor Cohen, Tammy	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Los Angeles, CA 90064-3304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/52 Rpt: 15/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Tammy	<b>7</b> Amount of Contribution (\$) \$14.28
	<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90064-3304	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colmenero, Rudy	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Stephen	Amount of Contribution (\$) \$5.71
	Contributor address; City; State; Zip Code  Austin, TX 78733-6320	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coplin, Nancy	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78745-5948	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Santiago (The Honorable)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-4508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/52 Rpt: 16/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuba Lewis, Julia	<b>7</b> Amount of Contribution (\$) \$51.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-2822	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jeanette	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78745-2476	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuthbertson, Brian	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78731-4513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniller, Mae	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  Austin, TX 78703-3259	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Laura	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78731-4510	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/52 Rpt: 17/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor Dawson, Susan .....  <b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78734-4765	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor Dawson-Brown, Claire .....  Contributor address; City; State; Zip Code  Austin, TX 78722-1215	Amount of Contribution (\$)  \$7.14
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/06/2025	Full name of contributor Denko, John .....  Contributor address; City; State; Zip Code  Austin, TX 78703-1406	Amount of Contribution (\$)  \$14.28
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/09/2025	Full name of contributor Desai, Parul .....  Contributor address; City; State; Zip Code  Austin, TX 78703-1919	Amount of Contribution (\$)  \$9.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/13/2025	Full name of contributor Diaz, Elena .....  Contributor address; City; State; Zip Code  Austin, TX 78741-7352	Amount of Contribution (\$)  \$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/52 Rpt: 18/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickie, Martha	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-5452	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Henry	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78731-5719	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dochen, Sandy	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78731-1122	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Cynthia	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78724-3209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Frances	Amount of Contribution (\$) \$42.85
	Contributor address; City; State; Zip Code  Austin, TX 78749-2704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/52 Rpt: 19/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Coryell	<b>7</b> Amount of Contribution (\$) \$4.71
	<b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78734-5331	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Bridgeport, CT 06604-1331	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fero, Mary	Amount of Contribution (\$) \$5.71
	Contributor address; City; State; Zip Code  Austin, TX 78757-2346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetonte, Barbara	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78749-3924	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firsching, Tracy	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78705-1414	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/52 Rpt: 20/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Lourdes ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-4530	<b>7</b> Amount of Contribution (\$) \$7.14
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca ..... Contributor address; City; State; Zip Code  Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca ..... Contributor address; City; State; Zip Code  Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca ..... Contributor address; City; State; Zip Code  Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca ..... Contributor address; City; State; Zip Code  Austin, TX 78729-1760	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/52 Rpt: 21/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonte, Bears Rebecca ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729-1760	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y ..... Contributor address; City; State; Zip Code  Del Rio, TX 78840-2531	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Elizabeth ..... Contributor address; City; State; Zip Code  Austin, TX 78722-1527	Amount of Contribution (\$) \$14.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friar, Eric ..... Contributor address; City; State; Zip Code  Austin, TX 78750-8151	Amount of Contribution (\$) \$7.14
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, David ..... Contributor address; City; State; Zip Code  Austin, TX 78759-7208	Amount of Contribution (\$) \$2.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/52 Rpt: 22/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Vanessa	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744-6444	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBBONS, H. E.	<b>Amount of Contribution (\$)</b> \$51.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Bonny	<b>Amount of Contribution (\$)</b> \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78739-2067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 08/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner Sr, Richard	<b>Amount of Contribution (\$)</b> \$1.00
	Contributor address; City; State; Zip Code  Chicago, IL 60620-3647	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garemko, Kelly	<b>Amount of Contribution (\$)</b> \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78749-4115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/52 Rpt: 23/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Morales Campaign .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744-3802	<b>7</b> Amount of Contribution (\$) \$51.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Susan .....  Austin, TX 78731-6067	Amount of Contribution (\$) \$14.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldgar, Diana and Rick .....  Austin, TX 78749	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greco, Doug .....  Austin, TX 78749-1406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don .....  Sebastopol, CA 95472-9555	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/52 Rpt: 24/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigsby, Mary	<b>7</b> Amount of Contribution (\$) \$14.28
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78753-6838	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HBAILEYGROUP LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICKS, JEREMIAH B	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78753-4358	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Princeton, NJ 08542-3148	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Catherine	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78750-2842	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/52 Rpt: 25/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Jackie	<b>7</b> Amount of Contribution (\$) \$7.14
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-3443	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Russell	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Sunset Valley, TX 78745-2611	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrove, Mary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78759-7917	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartnett, Dan	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code  Austin, TX 78756-2808	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Se	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Austin, TX 78702-3710	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/52 Rpt: 26/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, se	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-3710	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Silver Spring, MD 20902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewlett, Michele	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hexsel, Ricardo	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-4212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heydrick, Kenneth	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78746-2319	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/52 Rpt: 27/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, John	<b>7</b> Amount of Contribution (\$) \$35.71
	<b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-6504	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoberman, Louisa	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Austin, TX 78731-5637	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohengarten, Nancy (The Honorable)	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78751-4725	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  Louisville, KY 40219-3962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/52 Rpt: 28/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michelle	<b>7</b> Amount of Contribution (\$) \$14.28
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-1351	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code  Shelton, WA 98584-1609	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Karen	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Sacramento, CA 95811-4150	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Impastato, Salvador	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660-7578	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  Austin, TX 78731-0002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/52 Rpt: 29/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie	<b>7</b> Amount of Contribution (\$) \$2.05
	<b>6</b> Contributor address; City; State; Zip Code  Silver Spring, MD 20910-4921	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Celia (The Honorable)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-6426	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMENEZ, MARIA L	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78749-2844	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasko, Melinda	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78746-4618	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Apex, NC 27502-7746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/52 Rpt: 30/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dana	<b>7</b> Amount of Contribution (\$) \$3.57
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750-8202	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Eugene, OR 97404-0329	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karin	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  Austin, TX 78731-3818	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Linda	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Rio Medina, TX 78066-0001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadish, Lenore	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Oro Valley, AZ 85737-9294	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/52 Rpt: 31/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor Keene, William	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750-7859
	<b>7</b> Amount of Contribution (\$) \$14.28	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> King, Michael	<b>Amount of Contribution (\$)</b> \$1.43
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78723-1825	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> Kinslow, Stephen	<b>Amount of Contribution (\$)</b> \$14.28
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78723-5327	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> Kirby, Tim	<b>Amount of Contribution (\$)</b> \$3.57
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738-5370	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> Knisely, Anne-Francoise & Paul	<b>Amount of Contribution (\$)</b> \$28.57
	<b>Contributor address; City; State; Zip Code</b>  West Lake Hills, TX 78746-4338	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/52 Rpt: 32/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor Kuykendall, Deanna	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-7536	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor LaNew, Maryann	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Clemente, CA 92673-6520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor LaTorre, Shawn	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78727-6624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Langham, Barbara	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-2840	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor Laughlin, Ehren	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77079-3185	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/52 Rpt: 33/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha ..... <b>6</b> Contributor address; City; State; Zip Code  La Pine, OR 97739-9013	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David ..... Contributor address; City; State; Zip Code  Chester, NJ 07930-2637	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Leila ..... Contributor address; City; State; Zip Code  Austin, TX 78751-4319	Amount of Contribution (\$) \$2.85
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilley, Karen ..... Contributor address; City; State; Zip Code  Austin, TX 78747-2672	Amount of Contribution (\$) \$1.43
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipman, Robert ..... Contributor address; City; State; Zip Code  Austin, TX 78716-2543	Amount of Contribution (\$) \$7.14
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/52 Rpt: 34/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipscomb, Barbara	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-3941	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Alice	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-5498	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckens, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78731-1305	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundquist, Cara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022-1073	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-6696	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/52 Rpt: 35/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, RODOLFO	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78758-6120	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marroquin, Ben	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78705-1408	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Mack (The Honorable)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78756-3910	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, Amanda	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Austin, TX 78750-3044	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, James	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Aurora, CO 80016-2545	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/52 Rpt: 36/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurer, Andrew	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Moorhead, MN 56560-7078	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayoff, Bernard	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78735-6530	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConnell, Sean	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-6058	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Maureen	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78757-1949	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIlvain, Myra	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78759-5011	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/52 Rpt: 37/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, James	<b>7</b> Amount of Contribution (\$) \$1.43
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749-3303	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Ewing, NJ 08628-3533	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaelsen, Hedrich	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78757-1834	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul	Amount of Contribution (\$) \$1.66
	Contributor address; City; State; Zip Code  Hays, KS 67601-9650	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Beth	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78703-4815	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/52 Rpt: 38/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kyle	<b>7</b> Amount of Contribution (\$) \$51.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-4347	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  San Diego, CA 92116-3642	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitcham, Janice	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78759-4732	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montelongo, Irene	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78739	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montelongo, Irene	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78739-2041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/52 Rpt: 39/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor Moore, Tom .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-8639	<b>7</b> Amount of Contribution (\$)  \$3.57
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor Morris, Rosemary .....  Contributor address; City; State; Zip Code  Austin, TX 78704-4628	Amount of Contribution (\$)  \$14.28
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/07/2025	Full name of contributor Mount, Shirley .....  Contributor address; City; State; Zip Code  Austin, TX 78757-1848	Amount of Contribution (\$)  \$3.57
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/10/2025	Full name of contributor Murphy, Debbie .....  Contributor address; City; State; Zip Code  Charlotte, NC 28277-5676	Amount of Contribution (\$)  \$1.67
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/06/2025	Full name of contributor Nairn, Cathy .....  Contributor address; City; State; Zip Code  Austin, TX 78704-1192	Amount of Contribution (\$)  \$3.57
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/52 Rpt: 40/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor Naranjo, Orlinda	<b>7</b> Amount of Contribution (\$) \$35.71
	<b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669-5142	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor Nehrung, Maria	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78746-7228	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Nelle, Jean	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78735-6448	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor Nelson, Therese	Amount of Contribution (\$) \$8.20
	Contributor address; City; State; Zip Code  Chicago, IL 60615-2905	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Norris, Robert	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78756-3221	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/52 Rpt: 41/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor OROZCO, SYLVIA	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78793	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor Obrien, Kimberlee	Amount of Contribution (\$) \$35.71
	Contributor address; City; State; Zip Code  Austin, TX 78703-4723	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor Ortega, Dolores	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78727-5151	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor Overton, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78723-5445	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor Pacheco, Mike	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78723-6118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/52 Rpt: 42/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pakis-Gillon, Adrienne	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Germantown, TN 38139-5605	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pakis-Gillon, Adrienne	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Germantown, TN 38139-5605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pargaman, Elizabeth J	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78731-4806	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Cathleen	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78731-2053	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peacock, Donna	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Buda, TX 78610-4049	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/52 Rpt: 43/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peddicord, Jane	<b>7</b> Amount of Contribution (\$) \$7.14
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-6320	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78741	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Linda	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78757-1830	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipson, Carol	Amount of Contribution (\$) \$71.43
	Contributor address; City; State; Zip Code  Austin, TX 78750-7911	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis W	Amount of Contribution (\$) \$71.43
	Contributor address; City; State; Zip Code  Austin, TX 78763-0038	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/52 Rpt: 44/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, George	<b>7</b> Amount of Contribution (\$) \$9.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78709-1414	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragland, Mary	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78748-2197	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinken, Janis	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code  Austin, TX 78755-0453	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Manchester, NH 03104-5551	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Steven	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-6965	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/52 Rpt: 45/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201-1521	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78746-4652	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78746-4652	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Colleen	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Essex, CT 06426-1201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Marc A.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/52 Rpt: 46/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  Stormville, NY 12582-5302	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Stacey	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  San Jose, CA 95124-1721	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, susan	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Brookline, MA 02445-7508	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00341602) SOUTHWEST AIRLINES CO. POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75235-1611	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEES, JASON	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78747-3915	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/52 Rpt: 47/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadati, Sylvia	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Oak Island, NC 28465-6609	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78759-8215	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilz, Virginia	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78759-8215	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlechter, Elizabeth	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78723-6213	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Anna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-3509	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/52 Rpt: 48/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedwick, Shannon	<b>7</b> Amount of Contribution (\$) \$7.14
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-5043	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semmelmann, Patricia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550-4029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepulveda, Eugene	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78705-2816	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanklin-Spock, Heidi	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78735-6473	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  San Jose, CA 95126-1831	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/52 Rpt: 49/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley, Carolyn	<b>7</b> Amount of Contribution (\$) \$3.57
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745-3952	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15238-1951	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Catherine	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78704-2516	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smiley, Martha	Amount of Contribution (\$) \$14.28
	Contributor address; City; State; Zip Code  Austin, TX 78703-5144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smiley, Martha	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-5144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/52 Rpt: 50/82	
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023	
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor Smith, Jane	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757-2136	<b>7</b> Amount of Contribution (\$)  \$4.43
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)		
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> <b>out-of-state PAC (ID#:</b> _____)		<b>Amount of Contribution (\$)</b>  \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78750-8153		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 08/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> <b>out-of-state PAC (ID#:</b> _____)		<b>Amount of Contribution (\$)</b>  \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77043-2732		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> <b>out-of-state PAC (ID#:</b> _____)		<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78705		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> <b>out-of-state PAC (ID#:</b> _____)		<b>Amount of Contribution (\$)</b>  \$14.28
	<b>Contributor address; City; State; Zip Code</b>  Leander, TX 78641-3702		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/52 Rpt: 51/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Patricia ..... <b>6</b> Contributor address; City; State; Zip Code  Oceanside, CA 92054-4521	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Elizabeth ..... Contributor address; City; State; Zip Code  Austin, TX 78731-1805	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Tom ..... Contributor address; City; State; Zip Code  Austin, TX 78749-3030	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie ..... Contributor address; City; State; Zip Code  St Petersburg, FL 33701-4313	Amount of Contribution (\$) \$1.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Mark ..... Contributor address; City; State; Zip Code  Austin, TX 78723-1807	Amount of Contribution (\$) \$2.85
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/52 Rpt: 52/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straubhaar, Joseph	<b>7</b> Amount of Contribution (\$) \$3.57
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735-6350	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Jim	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78748-6381	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOVO, KATHRYNE B	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78705-2115	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terranella, Mark	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78741-2512	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/52 Rpt: 53/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Kevin	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-7448	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiedeken, Margaret	Amount of Contribution (\$) \$1.43
	Contributor address; City; State; Zip Code  Austin, TX 78757-4346	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trehan, Nidhi	Amount of Contribution (\$) \$7.14
	Contributor address; City; State; Zip Code  Austin, TX 78759-7298	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Lila	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78703-3801	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Gina	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78723-1822	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/52 Rpt: 54/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Javier	<b>7</b> Amount of Contribution (\$) \$51.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723-1542	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Elizabeth	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78748-6531	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade-Crouse, SueAnn	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78741-1522	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Nathaniel J	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78753-5848	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werstein, Lori	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Laguna Beach, CA 92651-1102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/52 Rpt: 55/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94122-2213	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Roger	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Austin, TX 78745-2073	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Katherine	Amount of Contribution (\$) \$3.57
	Contributor address; City; State; Zip Code  Austin, TX 78731-6017	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Cole	Amount of Contribution (\$) \$51.00
	Contributor address; City; State; Zip Code  Austin, TX 78752-4124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code  Lafayette, CA 94549-4603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 56/82
<b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020023
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 08/22/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HDCC Incumbent Protection Fund  <b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$1,923.08 Legal services  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/25 Rpt: 57/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 07/16/2025	5 Payee name AT&T	
6 Amount (\$) \$86.52	7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name AT&T	
Amount (\$) \$86.52	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name AT&T	
Amount (\$) \$91.56	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/25 Rpt: 58/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 10/16/2025	5 Payee name AT&T	
6 Amount (\$) \$91.57	7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name AT&T	
Amount (\$) \$96.66	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name AT&T	
Amount (\$) \$96.66	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/25 Rpt: 59/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 07/06/2025	5 Payee name ActBlue	
6 Amount (\$) \$3.95	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 07/13/2025	Payee name ActBlue	
Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/10/2025	Payee name ActBlue	
Amount (\$) \$87.30	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/25 Rpt: 60/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 08/17/2025	5 Payee name ActBlue	
6 Amount (\$) \$4.88	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/07/2025	Payee name ActBlue	
Amount (\$) \$49.64	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/14/2025	Payee name ActBlue	
Amount (\$) \$98.81	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/25 Rpt: 61/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/21/2025	5 Payee name ActBlue	
6 Amount (\$) \$399.42	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/28/2025	Payee name ActBlue	
Amount (\$) \$101.10	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/05/2025	Payee name ActBlue	
Amount (\$) \$2.02	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/25 Rpt: 62/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023	
4 Date 10/12/2025	5 Payee name ActBlue		
6 Amount (\$) \$22.52	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Somerville, MA 02144	Office held
Date 11/09/2025	Payee name ActBlue		
Amount (\$) \$2.77	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Somerville, MA 02144	Office held
Date 11/16/2025	Payee name ActBlue		
Amount (\$) \$29.05	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Somerville, MA 02144	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/25 Rpt: 63/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 11/23/2025	5 Payee name ActBlue	
6 Amount (\$) \$2.02	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/30/2025	Payee name ActBlue	
Amount (\$) \$11.90	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/07/2025	Payee name ActBlue	
Amount (\$) \$2.77	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/25 Rpt: 64/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/21/2025	5 Payee name ActBlue	
6 Amount (\$) \$5.97	7 Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Austin AFL-CIO Council	
Amount (\$) \$138.07	Payee address; City; State; Zip Code P.O. Box 87  Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Austin AFL-CIO Council	
Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 87  Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tickets to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/25 Rpt: 65/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/24/2025	5 Payee name Austin Tejano Dems	
6 Amount (\$) \$526.63	7 Payee address; City; 2544 Stoutwood  Austin, TX 78745-2720	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name CFC Consulting LLC	
Amount (\$) \$600.00	Payee address; City; PO Box 301074  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name CFC Consulting LLC	
Amount (\$) \$200.00	Payee address; City; 8322 Jackson Place  Whittier, CA 90602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense compliance consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/25 Rpt: 66/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 07/31/2025	5 Payee name Capital Area Progressive Democrats	
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code PO Box 413  Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Central Texas Community Foundation	
Amount (\$) \$515.00	Payee address; City; State; Zip Code 302 N. Lampasas  Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Central Texas Food Bank	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 6500 Metropolis Dr.  Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/25 Rpt: 67/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 07/18/2025	5 Payee name Community Foundation of Texas Hill Country	
6 Amount (\$) \$516.80	7 Payee address; City; State; Zip Code 241 Earl Garrett St.  Kerrville, TX 78028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Del Rio, Alicia	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 7400 Ladle Ln  Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Del Rio, Alicia	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 7400 Ladle Ln  Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/25 Rpt: 68/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/01/2025	5 Payee name Del Rio, Alicia	
6 Amount (\$) \$500.00	7 Payee address; City; 7400 Ladle Ln  Austin, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Rio, Alicia	Office sought Office held
Date 09/30/2025	Payee name Del Rio, Alicia	
Amount (\$) \$500.00	Payee address; City; 7400 Ladle Ln  Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Rio, Alicia	Office sought Office held
Date 11/04/2025	Payee name Del Rio, Alicia	
Amount (\$) \$500.00	Payee address; City; 7400 Ladle Ln  Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Rio, Alicia	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/25 Rpt: 69/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/03/2025	5 Payee name Del Rio, Alicia	
6 Amount (\$) \$500.00	7 Payee address; City; 7400 Ladle Ln  Austin, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Rio, Alicia	Office sought Office held
Date 12/31/2025	Payee name Del Rio, Alicia	
Amount (\$) \$500.00	Payee address; City; 7400 Ladle Ln  Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Valle ISD Education Foundation	Office sought Office held
Date 11/01/2025	Payee name Del Valle ISD Education Foundation	
Amount (\$) \$1,000.00	Payee address; City; 5301 Ross Rd  Del Valle, TX 78617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Del Valle ISD Education Foundation	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/25 Rpt: 70/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/12/2025	5 Payee name Dove Springs Proud	
6 Amount (\$) \$300.00	7 Payee address; City; 4103 Sojourner St.  Austin, TX 78726	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held
Date 09/19/2025	Payee name Equality Texas Foundation	
Amount (\$) \$112.00	Payee address; City; P.O. Box 2340  Austin, TX 78768-2340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Foundation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held
Date 12/05/2025	Payee name HABLA	
Amount (\$) \$50.00	Payee address; City; PO Box 19712  Austin, TX 78760	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/25 Rpt: 71/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/11/2025	5 Payee name Habla Con Orgullo	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code PO Box 19712  Austin, TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Drive, Unit 1705  Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Drive, Unit 1705  Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/25 Rpt: 72/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/03/2025	5 Payee name Heinrich, Allison	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 13400 Briarwick Drive, Unit 1705  Austin, TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Heinrich, Allison	Office sought Office held
Date 12/31/2025	Payee name Heinrich, Allison	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13400 Briarwick Drive, Unit 1705  Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kelly Graphics	Office sought Office held
Date 10/01/2025	Payee name Kelly Graphics	
Amount (\$) \$276.04	Payee address; City; State; Zip Code 1409 Quaker Ridge Dr.  Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/25 Rpt: 73/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/12/2025	5 Payee name Kelly Graphics	
6 Amount (\$) \$532.59	7 Payee address; City; State; Zip Code 1409 Quaker Ridge Dr.  Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stationery
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name La Voz Newspapers	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 19457  Austin, TX 78760	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name La Voz Newspapers	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 19457  Austin, TX 78760	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/25 Rpt: 74/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/04/2025	5 Payee name La Voz Newspapers	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code PO Box 19457  Austin, TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name La Voz Newspapers	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 19457  Austin, TX 78760	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Legislative Solutions	
Amount (\$) \$325.00	Payee address; City; State; Zip Code P.O. Box 4224  Concord, NH 03302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/25 Rpt: 75/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023	
4 Date 07/28/2025	5 Payee name Mailchimp		
6 Amount (\$) \$47.97	7 Payee address; City; 405 N Angier Ave NE  Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	Office held
Date 08/26/2025	Payee name Mailchimp		
Amount (\$) \$47.97	Payee address; City; 405 N Angier Ave NE  Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	Office held
Date 09/26/2025	Payee name Mailchimp		
Amount (\$) \$47.97	Payee address; City; 405 N Angier Ave NE  Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Atlanta, GA 30308	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/25 Rpt: 76/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 10/27/2025	5 Payee name Mailchimp	
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Office held
Date 11/26/2025	Payee name Mailchimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Office held
Date 12/26/2025	Payee name Mailchimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 405 N Angier Ave NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mailchimp	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/25 Rpt: 77/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/22/2025	5 Payee name Moonshine Grill	
6 Amount (\$) \$315.65	7 Payee address; City; State; Zip Code 303 Red River St.  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff holiday lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Npg Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Npg Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/25 Rpt: 78/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/04/2025	5 Payee name Ngp Van	
6 Amount (\$) \$266.50	7 Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ngp Van	Office sought Office held
Date 10/02/2025	Payee name Ngp Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ngp Van	Office sought Office held
Date 11/03/2025	Payee name Ngp Van	
Amount (\$) \$266.50	Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ngp Van	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/25 Rpt: 79/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 12/29/2025	5 Payee name Ngp Van	
6 Amount (\$) \$279.83	7 Payee address; City; State; Zip Code 655 15th St NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name South Austin Democrats	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 152592  Austin, TX 78715	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Texas Campaign for the Environment	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 42278  Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/25 Rpt: 80/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 09/16/2025	5 Payee name Travis County Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1311 E 6th St Ste B  Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Travis County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B  Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Travis County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1311 E 6th St Ste B  Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/25 Rpt: 81/82	2 FILER NAME Flores, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020023
4 Date 07/18/2025	5 Payee name Uniting America Outreach	
6 Amount (\$) \$500.00	7 Payee address; City; 26206 Windspirit  San Antonio, TX 78270	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name University Democrats	
Amount (\$) \$250.00	Payee address; City; 907 W 23rd St Apt D  Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 82/82</p>
<p><b>2</b> FILER NAME Flores, Maria Luisa (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00020023</p>
<p><b>4</b> Date 12/15/2025</p>	<p><b>5</b> Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701</p>	<p><b>8</b> Amount (\$) \$297.86</p>
	<p><b>7</b> Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701</p>	<p>Amount (\$) \$11.26</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701</p>	<p>Amount (\$) \$22.78</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/30/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701</p>	<p>Amount (\$) \$19.75</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701</p>	<p>Amount (\$) \$18.69</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer