

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00085787	2 Total pages filed: 75		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable	MI Marisa C.	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Balderas Flores	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; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Paul	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210) 867-5262					
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 03/03/2026		Day	ELECTION TYPE		
			Year	<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) District Judge District 224 Bexar			12 OFFICE SOUGHT (if known) District Judge District 224		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Balderas Flores, Marisa C. (The Honorable)		14 Filer ID 00085787	(Ethics Commission Filers)																									
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="3">COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td colspan="3"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="3">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td colspan="3">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				<input type="checkbox"/> GENERAL					<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS					COMMITTEE CAMPAIGN TREASURER NAME					COMMITTEE CAMPAIGN TREASURER ADDRESS		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																											
	<input type="checkbox"/> GENERAL																												
	<input type="checkbox"/> SPECIFIC	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)			\$ 31,170.00																									
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 173.00																									
	4. <b>TOTAL POLITICAL EXPENDITURES</b>			\$ 62,741.66																									
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 144,920.34																									
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00																									
17 AFFIDAVIT																													
<p>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.</p>																													
<p>The Honorable Marisa C. Balderas Flores</p> <hr/> <p>Signature of Candidate or Officeholder</p>																													
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>																													
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>																													
<hr/> <p>Signature of officer administering oath</p>		<hr/> <p>Printed name of officer administering oath</p>		<hr/> <p>Title of officer administering oath</p>																									

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

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<b>18</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00085787
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 29,970.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 1,200.00	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 58,752.91	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 3,988.75	
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 \$ 288.36	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/21 Rpt: 4/75												
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787												
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldrete, Chris ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation Consultant		<b>9</b> Contributor's Job Title Consultant												
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/22/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basaldua, Paul ..... Contributor address; City; State; Zip Code  SA, TX 78248 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation developer         </td> <td> Contributor's Job Title developer         </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Versa Terra         </td> <td> Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basaldua, Paul ..... Contributor address; City; State; Zip Code  SA, TX 78248	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation developer		Contributor's Job Title developer	Contributor's employer/law firm Versa Terra		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basaldua, Paul ..... Contributor address; City; State; Zip Code  SA, TX 78248	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation developer		Contributor's Job Title developer												
Contributor's employer/law firm Versa Terra		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/29/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashara, Jason ..... Contributor address; City; State; Zip Code  SA, TX 78205 </td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney         </td> <td> Contributor's Job Title Attorney         </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm self         </td> <td> Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashara, Jason ..... Contributor address; City; State; Zip Code  SA, TX 78205	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashara, Jason ..... Contributor address; City; State; Zip Code  SA, TX 78205	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney												
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/21 Rpt: 5/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kelly	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78218	
<b>8</b> Contributor's Principal Occupation Therapist		<b>9</b> Contributor's Job Title Therapist
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any) Self
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocanegra , Christina	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Contributor's Principal Occupation Director		Contributor's Job Title Director
Contributor's employer/law firm Community Family Medicine		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brzozowski, Bart	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) self
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/21 Rpt: 6/75	
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787	
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon Galdeano, Emily	<b>7</b> Amount of Contribution (\$) \$50.00	
	<b>6</b> Contributor address; City; State; Zip Code  SA, TX 78213		
<b>8</b> Contributor's Principal Occupation consultant		<b>9</b> Contributor's Job Title consultant	
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 08/13/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Joshua Contributor address; City; State; Zip Code  SA, TX 78216	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Davis & Santos		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 08/07/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Joshua Contributor address; City; State; Zip Code  SA, TX 78216	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Davis & Santos		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/21 Rpt: 7/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castaneda, Tristan ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78701	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Government Relations		<b>9</b> Contributor's Job Title Lobbyist
<b>10</b> Contributor's employer/law firm Longbow Partners		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 ..... Contributor address; City; State; Zip Code  SA, TX 78212		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation restaurant owner		Contributor's Job Title restaurant owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/21 Rpt: 8/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson Troilo Ream & Garza ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78215	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/11/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John ..... Contributor address; City; State; Zip Code  San Antonio, TX 78230		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Bosque, Crystal ..... Contributor address; City; State; Zip Code  SA, TX 78249		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation consultant		Contributor's Job Title consultant
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/21 Rpt: 9/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Norma	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	
<b>8</b> Contributor's Principal Occupation Fundraising		<b>9</b> Contributor's Job Title Campaign Fundraiser
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte & Molina	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  SA, TX 78201	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edrenkina, Ekarterina	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Contributor's Principal Occupation School Administration		Contributor's Job Title Administrator
Contributor's employer/law firm ISSA SA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/21 Rpt: 10/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Manuel <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78225	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Antoinette Contributor address; City; State; Zip Code  SA, TX 78253		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation educator		Contributor's Job Title educator
Contributor's employer/law firm SAISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford Murray PLLC Contributor address; City; State; Zip Code  San Antonio, TX 78216		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/21 Rpt: 11/75	
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787	
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Lily <b>6</b> Contributor address; City; State; Zip Code  SA, TX 78259	<b>7</b> Amount of Contribution (\$) \$50.00	
<b>8</b> Contributor's Principal Occupation marketing		<b>9</b> Contributor's Job Title marketing	
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/11/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerrish, Sara Contributor address; City; State; Zip Code  SA, TX 78204	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erika Contributor address; City; State; Zip Code  SA, TX 78212	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation physician		Contributor's Job Title physician	
Contributor's employer/law firm STAAMP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/21 Rpt: 12/75	
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787	
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Monica <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 09/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Claudia Contributor address; City; State; Zip Code  SA, TX 78258	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Consultant		Contributor's Job Title consultant	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/02/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannicut, Richard Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/21 Rpt: 13/75												
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787												
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Cecilia <b>6</b> Contributor address; City; State; Zip Code  SA, TX 78232	<b>7</b> Amount of Contribution (\$) \$1,500.00												
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired												
<b>10</b> Contributor's employer/law firm Herrera Law Firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>           Date            10/22/2025         </td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Houston, Lori            Contributor address; City; State; Zip Code              SA, TX 78205         </td> <td>           Amount of Contribution (\$)            \$100.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            consultant         </td> <td>           Contributor's Job Title            consultant         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm            self         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Lori Contributor address; City; State; Zip Code  SA, TX 78205	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation consultant		Contributor's Job Title consultant	Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Lori Contributor address; City; State; Zip Code  SA, TX 78205	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation consultant		Contributor's Job Title consultant												
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>           Date            11/19/2025         </td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Janicek Law Firm PC            Contributor address; City; State; Zip Code              SA, TX 78209         </td> <td>           Amount of Contribution (\$)            \$1,000.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation         </td> <td>           Contributor's Job Title         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janicek Law Firm PC Contributor address; City; State; Zip Code  SA, TX 78209	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janicek Law Firm PC Contributor address; City; State; Zip Code  SA, TX 78209	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/21 Rpt: 14/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jansma, Steven <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Norton Rose		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Gamez Law Firm Contributor address; City; State; Zip Code  SA, TX 78230		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur, Sukh Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Councilperson		Contributor's Job Title City of San Antonio
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/21 Rpt: 15/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jessica <b>6</b> Contributor address; City; State; Zip Code  SA , TX 78263	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation consultant		<b>9</b> Contributor's Job Title consultant
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Michelle Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Public Relations		Contributor's Job Title Public Relations
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Laura Contributor address; City; State; Zip Code  San Antonio, TX 78231		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Student		Contributor's Job Title Student
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/21 Rpt: 16/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mendez-Gonzales, Melanie	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	
<b>8</b> Contributor's Principal Occupation Digital Media		<b>9</b> Contributor's Job Title PR
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Monnig, James
		Contributor address; City; State; Zip Code  SA, TX 78212
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mulliner, Jeff
		Contributor address; City; State; Zip Code  SA, TX 78209
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) Bexar Co DA office
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/21 Rpt: 17/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Sutton <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Contributor's Principal Occupation student		<b>9</b> Contributor's Job Title student
<b>10</b> Contributor's employer/law firm st marys law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mayra Contributor address; City; State; Zip Code  SA, TX 78229		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation business owner		Contributor's Job Title owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ray Contributor address; City; State; Zip Code  Helotes, TX 78023		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) self
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/21 Rpt: 18/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Freddy ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2025 ..... Contributor address; City; State; Zip Code  San Antonio, TX 78230		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2025 ..... Contributor address; City; State; Zip Code  SA, TX 78210		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation education consultant		Contributor's Job Title consultant
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/21 Rpt: 19/75	
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787	
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Miguel, Roland <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Realtor		<b>9</b> Contributor's Job Title Realtor	
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Lauren Contributor address; City; State; Zip Code  SA, TX 78256	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation student		Contributor's Job Title student	
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/14/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Sarah Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Davis & Santos		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/21 Rpt: 20/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serbones Hernandez, Yviand	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  SA, TX 78204	
<b>8</b> Contributor's Principal Occupation Public Relations		<b>9</b> Contributor's Job Title Public Relations
<b>10</b> Contributor's employer/law firm US Govt		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elida	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  SA, TX 78228	
Contributor's Principal Occupation Engineer		Contributor's Job Title Engineer
Contributor's employer/law firm MITRE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr Torgenson , Kacie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  SA, TX 78261	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/21 Rpt: 21/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Holly	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Fudge Law Firm PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stribling, SaraNeil	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  SA, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attornet
Contributor's employer/law firm Hill Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suescun-Fast, Anamaria	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78205	
Contributor's Principal Occupation Executive		Contributor's Job Title Executive
Contributor's employer/law firm TALK strategies		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/21 Rpt: 22/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJH PLLC <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Paul Contributor address; City; State; Zip Code  SA, TX 78209		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Maloney Law Group, PLLC Contributor address; City; State; Zip Code  San Antonio, TX 78210		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/21 Rpt: 23/75	
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787	
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Kristal	<b>7</b> Amount of Contribution (\$) \$500.00	
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78218		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Langley & Bank		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Dacid Contributor address; City; State; Zip Code  SA , TX 78217	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney	
Contributor's employer/law firm Jeff Davis Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 09/26/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Lisa Contributor address; City; State; Zip Code  San Antonio, TX 78217	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/21 Rpt: 24/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Sara ..... <b>6</b> Contributor address; City; State; Zip Code  SA, TX 78212	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation developer		<b>9</b> Contributor's Job Title developer
<b>10</b> Contributor's employer/law firm self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 25/75</p>
<p><b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00085787</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date 10/22/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herrera, Frank</p> <p><b>7</b> Contributor address; City; State; Zip Code  SA, TX 78232</p>	<p><b>8</b> Amount of contribution (\$) \$1,200.00</p> <p><b>9</b> In-kind contribution description Hosted event at Club Giraud</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) Herrera Law firm</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

# 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: 1/47 Rpt: 26/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/29/2025	5 Payee name 3d Printing	
6 Amount (\$) \$4,031.00	7 Payee address; City; State; Zip Code 7986 1st street  Somerset, TX 78069	
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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name 3d Printing	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 7986 1st street  Somerset, TX 78069	
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 yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name AFL-CIO	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 9502 Computer Dr #201  San Antonio, TX 78229	
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 contribution for event sponsorship
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: 2/47 Rpt: 27/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/02/2025	5 Payee name Act Blue	
6 Amount (\$) \$29.25	7 Payee address; City; State; Zip Code PO BOX 441146  Sommerville, ME 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 fee for donation processing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Act Blue	
Amount (\$) \$79.80	Payee address; City; State; Zip Code PO BOX 441146  Sommerville, ME 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 Expense for donation processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Act Blue	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO BOX 441146  Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee for donation processing
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: 3/47 Rpt: 28/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/01/2025	5 Payee name Act Blue	
6 Amount (\$) \$11.25	7 Payee address; City; State; Zip Code PO BOX 441146  Sommerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for processing of donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Act Blue	
Amount (\$) \$45.00	Payee address; City; State; Zip Code PO BOX 441146  Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Alamo Heights School Foundation	
Amount (\$) \$1,554.45	Payee address; City; State; Zip Code 7101 Broadway  San Antonio, TX 78209	
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 Event attendance expense
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: 4/47 Rpt: 29/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/22/2025	5 Payee name Alvarado, Rosie	
6 Amount (\$) \$15.21	7 Payee address; City; State; Zip Code 100 Dolorosa  SA , TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 contribution for funeral flowers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Amazon	
Amount (\$) \$340.34	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
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 Supplies for the 224th/juror snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Amazon	
Amount (\$) \$52.94	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
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 Snacks for jurors
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: 5/47 Rpt: 30/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/05/2025	5 Payee name Amazon	
6 Amount (\$) \$210.20	7 Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
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 Snacks for staff and jurors
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Amazon	
Amount (\$) \$96.96	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
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 Snacks for staff and jurors in the 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Amazon	
Amount (\$) \$27.50	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
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 Supplies/Snacks for the 224th
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: 6/47 Rpt: 31/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 11/24/2025	5 Payee name American Inns Of Court	
6 Amount (\$) \$375.00	7 Payee address; City; 225 Reinekers Lane Suite 770, Alexandria , VA 22314	State; Zip Code
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 Annual dues fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Andy Mireles Charitable Foundation	
Amount (\$) \$250.00	Payee address; City; 329 Mary Louise Drive  San Antonio, TX 78201	State; Zip Code
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 Event Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Austin Convention Center	
Amount (\$) \$75.00	Payee address; City; 500 E Cesar Chavez  Austin, TX 78701	State; Zip Code
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 Parking expense for judicial conference
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: 7/47 Rpt: 32/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/29/2025	5 Payee name Avila, Henry	
6 Amount (\$) \$3,100.00	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  SA, TX 78211	
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 Sign installation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$25.00	Payee address; City; State; Zip Code  1844 Fredericksburg Rd  San Antonio , TX 78201	
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 Expense of Copies of petitions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$43.00	Payee address; City; State; Zip Code  1844 Fredericksburg Rd  San Antonio , TX 78201	
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 Copies of petitions expense
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: 8/47 Rpt: 33/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 11/19/2025	5 Payee name Bexar County Democratic Party	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd  San Antonio , TX 78201	
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 Filing fee for primary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Bexar County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd  San Antonio , TX 78201	
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 Bowling with democrats
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name Bexar County Womens Bar	
Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 460172  SA, TX 78246	
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 Annual Dues
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: 9/47 Rpt: 34/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/28/2025	5 Payee name Bexar County Womens Bar	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 460172  SA, TX 78246	
8 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 Luncheon attendance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name Bexar Tejano Dems SD 19	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 574 Kendalia  San Antonio, TX 78221	
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 Petition Signing event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Bill Millers	
Amount (\$) \$68.32	Payee address; City; State; Zip Code 4500 Broadway  San Antonio, TX 78209	
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 Breakfast for staff
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: 10/47 Rpt: 35/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787	
4 Date 09/05/2025	5 Payee name Bills oyster		
6 Amount (\$) \$45.70	7 Payee address; City; 205 W 3rd  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 Lunch during annual judicial conference	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/31/2025	Payee name Blanco Cafe		
Amount (\$) \$37.86	Payee address; City; 1720 Blanco Ave  San Antonio, TX 78212		
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 Breakfast for Staff	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/27/2025	Payee name Blanco Cafe		
Amount (\$) \$37.30	Payee address; City; 1720 Blanco Ave  San Antonio, TX 78212		
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 Breakfast for staff	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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: 11/47 Rpt: 36/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/02/2025	5 Payee name Bowles, Cole	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 Monthly retainer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bowles, Cole	Office sought Office held
Date 11/03/2025	Payee name Bowles, Cole	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 Monthly retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bowles, Cole	Office sought Office held
Date 10/01/2025	Payee name Bowles, Cole	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 monthly retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bowles, Cole	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: 12/47 Rpt: 37/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/02/2025	5 Payee name Bowles, Cole	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 monthly retainer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Bowles, Cole	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 monthly retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Bowles, Cole	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code <b>REDACTED PER 254.0401, ELEC. CODE</b> SA , TX 78228	
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 monthly retainer
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: 13/47 Rpt: 38/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/17/2025	5 Payee name CVS	
6 Amount (\$) \$43.86	7 Payee address; City; 6470 N New Braunfels  San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Christmas gifts for donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CVS	Office sought Office held
Date 10/30/2025	Payee name CVS	
Amount (\$) \$40.04	Payee address; City; 6470 N New Braunfels  San Antonio, TX 78209	
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 Halloween Candy donation to Young Dems
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CVS	Office sought Office held
Date 08/27/2025	Payee name CVS	
Amount (\$) \$200.00	Payee address; City; 6470 N New Braunfels  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Purchase of gift card donations for TMCP reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CVS	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: 14/47 Rpt: 39/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/12/2025	5 Payee name Canopy By Hilton	
6 Amount (\$) \$159.05	7 Payee address; City; State; Zip Code 123 N St Marys  San Antonio, TX 78205	
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 Sponsored lunch for law students
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Catholic Charities	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 202 W French Pl  San Antonio, TX 78212	
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 Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Chicago Chop House	
Amount (\$) \$622.89	Payee address; City; State; Zip Code 60 W Ontario  Chicago, IL 60654	
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 Dinner with judges while at conference
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: 15/47 Rpt: 40/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/18/2025	5 Payee name City of San Antonio	
6 Amount (\$) \$10.00	7 Payee address; City; 100 W. Houston  San Antonio, TX 78205	State; Zip Code
8 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 Parking for lunch event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/06/2025	Payee name City of San Antonio	Office held
Amount (\$) \$10.00	Payee address; City; 100 W. Houston  San Antonio, TX 78205	State; Zip Code
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 Parking for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/24/2025	Payee name Cracker Barrel	Office held
Amount (\$) \$313.34	Payee address; City; 98 NE Hwy 410  SA, TX 78216	State; Zip Code
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 lunch for judges meeting
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: 16/47 Rpt: 41/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/18/2025	5 Payee name Eight Ball Coffee	
6 Amount (\$) \$13.98	7 Payee address; City; 1432 S St Marys  SA, TX 78210	
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 Coffee meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Esquire Tavern	
Amount (\$) \$30.98	Payee address; City; 155 E Commerce  San Antonio, TX 78205	
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 Lunch meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Esquire Tavern	
Amount (\$) \$23.00	Payee address; City; 155 E Commerce  San Antonio, TX 78205	
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 lunch meeting
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: 17/47 Rpt: 42/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 07/24/2025	5 Payee name Fairmont	
6 Amount (\$) \$2,126.00	7 Payee address; City; State; Zip Code 200 N Columbus  Chicago, IL 60601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel stay while at NCJFCJ conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Family Violence Prev. Services	
Amount (\$) \$56.50	Payee address; City; State; Zip Code 7911 Broadway  San Antonio, TX 78209	
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 Purple Run
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Ferrero, Katia	
Amount (\$) \$145.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Austin, TX 78701	
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 Photography- new headshots
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: 18/47 Rpt: 43/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/18/2025	5 Payee name Fogo de Chao	
6 Amount (\$) \$270.14	7 Payee address; City; 849 E Commerce St  San Antonio, TX 78205	
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 Luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Garcia, Greg	
Amount (\$) \$150.00	Payee address; City; 1915 Santa Monica  San Antonio, TX 78201	
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 signature gathering assistance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name GoDaddy.com	
Amount (\$) \$177.52	Payee address; City; 14455 N. Hayden Rd  Scottsdale, AZ 85260	
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 Domain registration
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: 19/47 Rpt: 44/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/19/2025	5 Payee name GoDaddy.com	
6 Amount (\$) \$177.52	7 Payee address; City; 14455 N. Hayden Rd  Scottsdale, AZ 85260	
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 Domain registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/21/2025	Payee name GoDaddy.com	
Amount (\$) \$148.92	Payee address; City; 14455 N. Hayden Rd  Scottsdale, AZ 85260	
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 Website renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name HEB	
Amount (\$) \$76.52	Payee address; City; 516 S. Flores  San Antonio, TX 78205	
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 Supplies for the 224th
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: 20/47 Rpt: 45/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787	
4 Date 11/12/2025	5 Payee name HOPE Latina Leaders		
6 Amount (\$) \$28.52	7 Payee address; City; 800 Wilshire Blvd  Los Angeles, CA 90017	State; Zip Code	
8 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 Texas Latina Leaders luncheon	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/04/2025	Payee name Hyatt Hill Country Resort		
Amount (\$) \$855.01	Payee address; City; 9800 Hyatt Resort Dr  San Antonio, TX 78251	State; Zip Code	
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 Texas Latinx Judges retreat hotel stay	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/02/2025	Payee name JW Marriott Austin		
Amount (\$) \$838.92	Payee address; City; 110 E 2nd street  Austin, TX 78701	State; Zip Code	
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 Lodging for Annual Judicial Conference	
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: 21/47 Rpt: 46/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/22/2025	5 Payee name JW Marriott	
6 Amount (\$) \$192.08	7 Payee address; City; 23808 Resort Prkwy  San Antonio, TX 78261	
8 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 hotel expense for SA Bar Foundation gala
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Jennys Restaurant	
Amount (\$) \$158.00	Payee address; City; 8055 Culebra Rd 114 San Antonio , TX 78251	
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 thanksgiving luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Jimmy Johns	
Amount (\$) \$486.97	Payee address; City; 160 E Houston  SA, TX 78205	
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 Law School for a day lunch
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: 22/47 Rpt: 47/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/04/2025	5 Payee name Junai Omasake	
6 Amount (\$) \$103.52	7 Payee address; City; 315 Congress Ave  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 lunch during annual judicial conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name LCLAA	
Amount (\$) \$350.00	Payee address; City; 815 16th Street NW 2nd fl Washington DC, DC 20006	
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 Ad in program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name La Frite	
Amount (\$) \$50.23	Payee address; City; 728 S Alamo  San Antonio, TX 78205	
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 Lunch meeting with campaign manager
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: 23/47 Rpt: 48/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 12/02/2025	5 Payee name La Panaderia	
6 Amount (\$) \$54.60	7 Payee address; City; State; Zip Code 8305 Broadway  SA, TX 78209	
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 Pan Dulce for Dem headquarters
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name La Panaderia	
Amount (\$) \$81.90	Payee address; City; State; Zip Code 8305 Broadway  SA, TX 78209	
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 Pan dulce for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Legal Seafood	
Amount (\$) \$101.64	Payee address; City; State; Zip Code 315 N Dearborn  Chicago, IL 60654	
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 Meal while at conference for NCJFCJ
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: 24/47 Rpt: 49/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/08/2025	5 Payee name Leos Hideout	
6 Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 143 Soledad st  San Antonio, TX 78205	
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 luncheon for staff birthday
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Liberty Bar	
Amount (\$) \$56.10	Payee address; City; State; Zip Code 1111 S Alamo  SA, TX 78210	
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 Lunch planning meeting for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Liberty Bar	
Amount (\$) \$85.93	Payee address; City; State; Zip Code 1111 S Alamo  SA, TX 78210	
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 lunch meeting with campaign
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: 25/47 Rpt: 50/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787	
4 Date 07/30/2025	5 Payee name Little Ems		
6 Amount (\$) \$108.98	7 Payee address; City; State; Zip Code 1024 S Alamo  SA, TX 78210		
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 lunch meeting with campaign manager	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/08/2025	Payee name Maba San Antonio		
Amount (\$) \$405.94	Payee address; City; State; Zip Code PO Box 830953  San Antonio, TX 78283		
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 Event Sponsorship	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/27/2025	Payee name Maba San Antonio		
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 830953  San Antonio, TX 78283		
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 Sponsorship of dia de muertos event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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: 26/47 Rpt: 51/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/28/2025	5 Payee name Maba San Antonio	
6 Amount (\$) \$75.00	7 Payee address; City; PO Box 830953  San Antonio, TX 78283	
8 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 Luncheon expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Maba San Antonio	
Amount (\$) \$500.00	Payee address; City; PO Box 830953  San Antonio, TX 78283	
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 MABA event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Meritz, Darren	
Amount (\$) \$540.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  San Antonio, TX 78230	
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 Drafting of Thank you letters for donations
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: 27/47 Rpt: 52/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/27/2025	5 Payee name Mixing Tin	
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 100 Broadway  SA, TX 78203	
8 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 Bartending for fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/21/2025	Payee name NAACP	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2803 E Commerce Ste 17 SA , TX 78203	
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 Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name NW Democrats	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO BOX 681911  San Antonio, TX 78268	
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 Super bowl Sponsorship
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: 28/47 Rpt: 53/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/20/2025	5 Payee name NW Democrats	
6 Amount (\$) \$10.00	7 Payee address; City; PO BOX 681911  San Antonio, TX 78268	
8 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 event attendance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name NW Democrats	
Amount (\$) \$600.00	Payee address; City; PO BOX 681911  San Antonio, TX 78268	
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 Pat Maloney Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Northeast Bexar County Democrats PAC	
Amount (\$) \$4,000.00	Payee address; City; 7122 San Pedro Ave Ste. 114 San Antonio, TX 78216	
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 to NE Dems
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: 29/47 Rpt: 54/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/25/2025	5 Payee name Northeast Bexar County Democrats PAC	
6 Amount (\$) \$750.00	7 Payee address; City; 7122 San Pedro Ave Ste. 114 San Antonio, TX 78216	
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/membership
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Paloma Blanca	
Amount (\$) \$236.03	Payee address; City; 5800 Broadway  San Antonio, TX 78209	
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 Volunteer appreciation dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Pearls Foundation	
Amount (\$) \$500.00	Payee address; City; 4811 Betty Lou  San Antonio, TX 78229	
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 Event sponsorship
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: 30/47 Rpt: 55/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787	
4 Date 10/27/2025	5 Payee name Pearls Foundation		
6 Amount (\$) \$258.75	7 Payee address; City; State; Zip Code 4811 Betty Lou  San Antonio, TX 78229		
8 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 Sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 08/22/2025	Payee name Piatti		
Amount (\$) \$123.98	Payee address; City; State; Zip Code 255 E Basse Rd  San Antonio, TX 78209		
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 Meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/14/2025	Payee name Prestige Printing		
Amount (\$) \$351.81	Payee address; City; State; Zip Code 8 Burwood Ln  San Antonio, TX 78216		
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 Pushcards	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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: 31/47 Rpt: 56/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/21/2025	5 Payee name Prestige Printing	
6 Amount (\$) \$730.69	7 Payee address; City; 8 Burwood Ln  San Antonio, TX 78216	
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 Letters for campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Prestige Printing	
Amount (\$) \$676.56	Payee address; City; 8 Burwood Ln  San Antonio, TX 78216	
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 Campaign materials printed
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Prestige Printing	
Amount (\$) \$147.22	Payee address; City; 8 Burwood Ln  San Antonio, TX 78216	
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 Campaign materials- business cards
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: 32/47 Rpt: 57/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/14/2025	5 Payee name Prestige Printing	
6 Amount (\$) \$27.06	7 Payee address; City; 8 Burwood Ln  San Antonio, TX 78216	
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 printing of materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/15/2025	Payee name Primo Water	
Amount (\$) \$60.99	Payee address; City; 1430 Austin Hwy  San Antonio, TX 78209	
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 Water Service for the 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/18/2025	Payee name Primo Water	
Amount (\$) \$29.86	Payee address; City; 1430 Austin Hwy  San Antonio, TX 78209	
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 Water Service 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# 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: 33/47 Rpt: 58/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 11/13/2025	5 Payee name Primo Water	
6 Amount (\$) \$66.96	7 Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water Service for the 224th
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Primo Water	
Amount (\$) \$45.73	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water Service for 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Primo Water	
Amount (\$) \$48.96	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water service for the 224th
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: 34/47 Rpt: 59/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/17/2025	5 Payee name Primo Water	
6 Amount (\$) \$45.73	7 Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water service for the 224th
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Primo Water	
Amount (\$) \$62.94	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water service for the 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Primo Water	
Amount (\$) \$50.23	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water service for the 224th
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: 35/47 Rpt: 60/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/18/2025	5 Payee name Primo Water	
6 Amount (\$) \$45.73	7 Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water service for the 224th
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Primo Water	
Amount (\$) \$56.99	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water Service for the 224th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Primo Water	
Amount (\$) \$91.46	Payee address; City; State; Zip Code 1430 Austin Hwy  San Antonio, TX 78209	
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 Water for the 224th
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: 36/47 Rpt: 61/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 08/13/2025	5 Payee name Rosarios	
6 Amount (\$) \$147.74	7 Payee address; City; 722 S St Marys  San Antonio, TX 78205	
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 luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Rose Boutique	
Amount (\$) \$104.42	Payee address; City; 955 Cincinnati Ave  San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Thank you gift
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name SABLA	
Amount (\$) \$75.00	Payee address; City; P.O. Box 831202  San Antonio, TX 78283	
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 Dues expense
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: 37/47 Rpt: 62/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 07/22/2025	5 Payee name Siena Tavern	
6 Amount (\$) \$87.03	7 Payee address; City; 51cW Kinzie st  Chicago, IL 60654	
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 Lunch while at conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Southwest Airlines	
Amount (\$) \$8.00	Payee address; City; 2702 Love Field Drive  Dallas, TX 75235	
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 Wifi on plane
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name St. Marys University	
Amount (\$) \$1,000.00	Payee address; City; 1 Camino Santa Maria  San Antonio , TX 78223	
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 LAWTINA sponsorship
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: 38/47 Rpt: 63/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 07/18/2025	5 Payee name St. Marys University	
6 Amount (\$) \$250.00	7 Payee address; City; 1 Camino Santa Maria  San Antonio , TX 78223	State; Zip Code
8 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 Event Sponsorship- orientation for law school
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name St. Marys University Alumni Assc	
Amount (\$) \$250.00	Payee address; City; 1 Camino Santa Maria  San Antonio , TX 78223	State; Zip Code
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 to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name St. Marys University Alumni Assc	
Amount (\$) \$260.00	Payee address; City; 1 Camino Santa Maria  San Antonio , TX 78223	State; Zip Code
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 to scholarship fund
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: 39/47 Rpt: 64/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 07/07/2025	5 Payee name Tavarez, Jenny	
6 Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code 1875 E 53rd Lane  Fort stockton, TX 79735	
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 Assistance with website design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Tejano Democrats	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 909 Theresa Ave  Austin, TX 78703	
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 Event sponsorship- State Tejano dems
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Texas Latinx Judges	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 90683  San Antonio , TX 78209	
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 Event Attendance
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: 40/47 Rpt: 65/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/03/2025	5 Payee name Texas Latinx Judges	
6 Amount (\$) \$1,000.00	7 Payee address; City; P.O. Box 90683  San Antonio , TX 78209	State; Zip Code
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 Lifetime Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Thrive Youth Center	
Amount (\$) \$625.00	Payee address; City; 1 Haven for Hope Way  San Antonio, TX 78207	State; Zip Code
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 Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Titos	
Amount (\$) \$33.00	Payee address; City; 955 S Alamo  San Antonio, TX 78205	State; Zip Code
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 Lunch with campaign manager
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: 41/47 Rpt: 66/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/19/2025	5 Payee name Tru Branding	
6 Amount (\$) \$486.60	7 Payee address; City; State; Zip Code 1414 W. Poplar,  San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 pens for campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Uber Technologies	
Amount (\$) \$18.88	Payee address; City; State; Zip Code 1725 3rd Street  San Francisco, CA 94158	
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 Transportation to campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Uber Technologies	
Amount (\$) \$32.18	Payee address; City; State; Zip Code 1725 3rd Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to campaign 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: 42/47 Rpt: 67/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/30/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$19.91	7 Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
8 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 Transportation to event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Uber Technologies	
Amount (\$) \$31.45	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
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 Travel to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Uber Technologies	
Amount (\$) \$2.00	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
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 Travel 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: 43/47 Rpt: 68/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/30/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$22.45	7 Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
8 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 Transportation to event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Uber Technologies	
Amount (\$) \$15.64	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
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 Transportation from event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Uber Technologies	
Amount (\$) \$32.62	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
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 Travel 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: 44/47 Rpt: 69/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/02/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$44.57	7 Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation to event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Uber Technologies	
Amount (\$) \$37.77	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Uber Technologies	
Amount (\$) \$34.55	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation 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: 45/47 Rpt: 70/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 09/08/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$5.00	7 Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tip for transportation to event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Uber Technologies	
Amount (\$) \$8.46	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Uber Technologies	
Amount (\$) \$79.41	Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation from airport to hotel for NCJFCJ conference
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: 46/47 Rpt: 71/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 07/24/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$21.54	7 Payee address; City; 1725 3rd Street  San Francisco, CA 94158	
8 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 Travel to conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Valencia, Dante	
Amount (\$) \$125.00	Payee address; City; SA, TX 78228	State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>
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 photography expense for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Westin Riverwalk	
Amount (\$) \$35.08	Payee address; City; 420 W Market  San Antonio, TX 78205	State; Zip Code
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 Lunch meeting with judges
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: 47/47 Rpt: 72/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787
4 Date 10/20/2025	5 Payee name Young Dems of Bexar County	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Road  San Antonio, TX 78201	
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 of Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name laz parking	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 2102 Emma Koehler Dr  San Antonio, TX 78201	
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 event parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: Sch: 1/1 Rpt: 73/75	2 FILER NAME Balderas Flores, Marisa C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085787	
4 Date 12/03/2025	5 Payee name Catholic Charities		
6 Amount (\$) \$3,000.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 202 W French Pl  San Antonio, TX 78212		
8 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 St Nicholas Ball	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/01/2025	Payee name mailchimp		
Amount (\$) \$988.75  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 405 N. Angier Ave NE  Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email blast service	
Complete <u>ONLY</u> 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: 1/2 Rpt: 74/75</p>
<p><b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00085787</p>
<p><b>4</b> Date 08/15/2025</p>	<p><b>5</b> Name of person from whom amount is received Bexar County</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code SA, TX 78205</p>	<p><b>8</b> Amount (\$) \$263.00</p>
	<p><b>7</b> Purpose for which amount is received reimburse for bar dues</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/24/2025</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 San Antonio, TX 78209</p>	<p>Amount (\$) \$1.61</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</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 San Antonio, TX 78209</p>	<p>Amount (\$) \$2.90</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/27/2025</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 San Antonio, TX 78209</p>	<p>Amount (\$) \$4.29</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/25/2025</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 San Antonio, TX 78209</p>	<p>Amount (\$) \$5.18</p>
	<p>Purpose for which amount is received interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 75/75
<b>2</b> FILER NAME Balderas Flores, Marisa C. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085787
<b>4</b> Date 08/26/2025	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$5.99
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78209	
	<b>7</b> Purpose for which amount is received interest	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 07/25/2025	<b>Name of person from whom amount is received</b> Frost Bank	<b>Amount (\$)</b> \$5.39
	<b>Address of person from whom amount is received; City; State; Zip Code</b> San Antonio, TX 78209	
	<b>Purpose for which amount is received</b> interest	<input type="checkbox"/> Check if political contribution returned to filer