

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090161	2 Total pages filed: 19			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamilah	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026		
	NICKNAME Milah	LAST Flores	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 101 Los Flores Dr. Diboll, TX 75941			Date Hand-delivered or Date Postmarked		
	Receipt #			Amount		
	Date Processed					
	Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Aaron M.	MI MI			
	NICKNAME	LAST Lammey	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 Los Flores Dr. Diboll, TX 75941					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(253)	410-0586				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" 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	Day	Year	Month	Day	Year
		07/01/2025		THROUGH		12/31/2025
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
			<input 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) None District CD 17 Angelina			12 OFFICE SOUGHT (if known) State Representative District 17		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Flores, Jamilah (Mrs.)	14 Filer ID (Ethics Commission Filers) 00090161
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,659.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,212.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 442.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

Mrs. Jamilah Flores

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath
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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Flores, Jamilah (Mrs.)		19 Filer ID (Ethics Commission Filers) 00090161
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,659.17
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,212.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Laura <hr/> 6 Contributor address; City; State; Zip Code Sonora, CA 95370	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Office Assistant		9 Employer (See Instructions) County of Tuolumne
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Charlene <hr/> Contributor address; City; State; Zip Code Diboll, TX 75941-1825	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Social Services		Employer (See Instructions) Endeavors
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Charlene <hr/> Contributor address; City; State; Zip Code Diboll, TX 75941-1825	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Social services		Employer (See Instructions) Endeavors
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdick, Andrew <hr/> Contributor address; City; State; Zip Code Novato, CA 94947	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Lucid
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capuchinho, Rebekah <hr/> Contributor address; City; State; Zip Code Washington, DC 20019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, James 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$391.51
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Antwan Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Traci Contributor address; City; State; Zip Code Burien, WA 98166	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathorn, Martha Contributor address; City; State; Zip Code Somerville, TX 77879	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathorn, Martha Contributor address; City; State; Zip Code Somerville, TX 77879	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathorn, Martha <hr/> 6 Contributor address; City; State; Zip Code Somerville, TX 77879	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathorn-Wilkins, Tristan <hr/> Contributor address; City; State; Zip Code Diboll, TX 75941	Amount of Contribution (\$) \$11.11
Principal occupation / Job title (See Instructions) gender therapist		Employer (See Instructions) Milstead and Associates Counseling
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathorn-Wilkins, Tristan <hr/> Contributor address; City; State; Zip Code Diboll, TX 75941	Amount of Contribution (\$) \$11.11
Principal occupation / Job title (See Instructions) gender therapist		Employer (See Instructions) Milstead and Associates Counseling
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Miriam <hr/> Contributor address; City; State; Zip Code Sonora, CA 95370	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Respiratory Therapist		Employer (See Instructions) Huma
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea Boles, Patricia <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75902	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SW		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honea Boles, Patricia <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75902	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SW		9 Employer (See Instructions) Self
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Francine <hr/> Contributor address; City; State; Zip Code Kent, WA 98031	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LPN		Employer (See Instructions) Seattle VA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milah for Congress Merch <hr/> Contributor address; City; State; Zip Code Diboll, TX 75941	Amount of Contribution (\$) \$62.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Stephanie <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-3937	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) East Texas Primary Care
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Stephanie <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-3937	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) East Texas Primary Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paraons, Cherry <hr/> 6 Contributor address; City; State; Zip Code The Dalles, OR 97058	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Billing assistant		9 Employer (See Instructions) Cascade Eye Center
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragan, Justy and Bob <hr/> Contributor address; City; State; Zip Code Columbia, CA 95310	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slover, Catharine <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalls, Shannon <hr/> Contributor address; City; State; Zip Code Pittsburg, CA 94565-2087	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Kazan
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweet, Kieth <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of Contribution (\$) \$9.50
Principal occupation / Job title (See Instructions) Postal Service		Employer (See Instructions) USPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/19
2 FILER NAME Flores, Jamilah (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78764	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Center for Freethought Equality PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urias, Viola <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urias, Viola <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Linda <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 7/7 Rpt: 10/19

2 FILER NAME
Flores, Jamilah (Mrs.)

3 Filer ID (Ethics Commission Filers)
00090161

4 Date
12/04/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wright, Donna

7 Amount of Contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code

Valley Mills, TX 76689

8 Principal occupation / Job title (See Instructions)
Not Employed

9 Employer (See Instructions)
Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 11/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/26/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$64.63	7 Payee address; City; State; Zip Code 275 7th ave New York, NY 10001	
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 ANALYSIS ACTIVITY- Monthly Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$30.42	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
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 ANALYSIS ACTIVITY bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name CHEVRON 0377025		
Amount (\$) \$25.75	Payee address; City; State; Zip Code 13600 N FM 973 RD MANOR, TX 78653	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel/fuel expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POS Purchase CHEVRON 0377025 MANOR TX 0017*****2804 12/21 03:56
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 12/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/23/2025	5 Payee name CORRIGAN STATION	
6 Amount (\$) \$11.32	7 Payee address; City; State; Zip Code 2901 E Second St CORRIGAN, TX 75939	
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 Breakfast and Drinks during campaign travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name CORRIGAN STATION	
Amount (\$) \$27.75	Payee address; City; State; Zip Code 2901 E Second St CORRIGAN, TX 75939	
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 Gas during campaign travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name CVS/PHARMACY #10818	
Amount (\$) \$13.32	Payee address; City; State; Zip Code 820 S 5th St WACO, TX 76706	
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 Drinks during campaign event
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 13/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/29/2025	5 Payee name Flores, Milah	
6 Amount (\$) \$66.50	7 Payee address; City; State; Zip Code 101 Los Flores Dr Diboll, TX 75941	
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 Campaign merchandise samples purchased by candidate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2025	Payee name HERNANDEZ GROCE	
Amount (\$) \$58.08	Payee address; City; State; Zip Code 4602 TX-103 W LUFKIN, TX 75904	
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 Campaign interview lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name IMPRINT.COM	
Amount (\$) \$208.33	Payee address; City; State; Zip Code 555 N Commons Dr Aurora, IL 60504	
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 Yard Signs
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 14/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/30/2025	5 Payee name IN-N-OUT WACO	
6 Amount (\$) \$25.66	7 Payee address; City; State; Zip Code 801 S 4th St WACO, TX 76706	
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 Meal during campaign travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name MILAH FOR CONGRESS	
Amount (\$) \$66.50	Payee address; City; State; Zip Code 101 Los Flores Dr DIBOLL, TX 75941	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Merchandise	(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 Merchandise Sample
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Mailchimp	
Amount (\$) \$63.96	Payee address; City; State; Zip Code 405 N Angier Ave Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online platform subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POS Purchase Mailchimp Atlanta GA 99999999*****2804 12/23 06:10
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 15/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/17/2025	5 Payee name NOTARIZE DBA PROOF.COM	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 867 Boylston Street 5th Floor #1656 Boston, MA 02116	
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 Notarization for ballot application
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name PRINTFUL 140396132 CHARLOTTE	
Amount (\$) \$99.44	Payee address; City; State; Zip Code 11025 Westlake Dr Charlotte, NC 28273	
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 Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name PRINTFUL 140651469 CHARLOTTE	
Amount (\$) \$52.95	Payee address; City; State; Zip Code 11025 Westlake Dr Charlotte, NC 28273	
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 Mini Flyers
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 16/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/23/2025	5 Payee name SEAREINAS	
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 6607 N Interstate HWY 35 AUSTIN, TX 78752	
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 Drinks at campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name SHELL OIL 57543220503	
Amount (\$) \$36.08	Payee address; City; State; Zip Code 3008 Atkinson Dr Lufkin, TX 75901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel/fuel expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POS Purchase SHELL OIL 57543220503 LUFKIN TX00000001 *****2804 12/28
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name SQSP* WEBSIT#215066908 NEW	
Amount (\$) \$26.65	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online platform subscription	(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 Subscription
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 17/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/29/2025	5 Payee name THE PACC	
6 Amount (\$) \$30.75	7 Payee address; City; State; Zip Code 924 Austin Ave Suite 150 Waco, TX 76701	
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 Food and drinks at campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name THE PACC	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 924 Austin Ave Ste 150 Waco, TX 76701	
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 Drinks at Waco event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name TST* SPARE BIRDIE	
Amount (\$) \$83.37	Payee address; City; State; Zip Code 1400 Discovery BLVD Cedar Park, TX 78613	
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 POS Purchase TST* SPARE BIRDIE PUBL CEDAR PARK TX99999999 *****2804
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 18/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 12/22/2025	5 Payee name TST* SPARE BIRDIE	
6 Amount (\$) \$33.18	7 Payee address; City; State; Zip Code 1400 Discovery BLVD Cedar Park, TX 78613	
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 POS Purchase TST* SPARE BIRDIE PUBL CEDAR PARK TX99999999 *****2804
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name TST*SOUTHSIDE MARKET &	
Amount (\$) \$43.85	Payee address; City; State; Zip Code 1212 US-290 Elgin, TX 78621	
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 POS Purchase TST*SOUTHSIDE MARKET & Elgin TX168 *****2804 12/21 10:06
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name TST*TX BURGER -	
Amount (\$) \$45.84	Payee address; City; State; Zip Code 921 W St Marys St Centerville, TX 75833	
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 during campaign travel
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 19/19	2 FILER NAME Flores, Jamilah (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090161
4 Date 11/21/2025	5 Payee name United States Post Office	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 800 S John Redditt Dr Lufkin, TX 75904	
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 \$2000 paid by the campaign to cover a portion of the \$3125 ballot application fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name VISTAPRINT	
Amount (\$) \$53.46	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
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 POS Purchase VISTAPRINT 8662074955 MA 00000001*****2804 12/21 23:33
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held