

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) 00089819	2 Total pages filed: 32								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Benjamin</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Benjamin	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2026					
	MS / MRS / MR Mr.	FIRST Benjamin	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Flores</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Flores	SUFFIX							
NICKNAME	LAST Flores	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2901 7th St., #339 Bay City, TX 77414		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Ms.</td> <td style="width: 30%;">FIRST Meri L.</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR Ms.	FIRST Meri L.	MI MI					
	MS / MRS / MR Ms.	FIRST Meri L.	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Gomez</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Gomez	SUFFIX						
NICKNAME	LAST Gomez	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2019 N Conway Ave Mission, TX 78572										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 605-1143										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
	<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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 03/03/2026 </td> <td style="width: 60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special									
11 OFFICE	OFFICE HELD (if any) Councilman Matagorda										
	12 OFFICE SOUGHT (if known) Land Commissioner										

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, Benjamin (Mr.)	14 Filer ID (Ethics Commission Filers) 00089819
----------------------------------------------	-----------------------------------------------------------

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)	\$ 18,905.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,412.75
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 67,720.14
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100,000.00

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.

Mr. Benjamin Flores
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Flores, Benjamin (Mr.)		19 Filer ID 00089819	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,655.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	16,250.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	100,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	36,906.35
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	\$	2,506.40
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: 1/9 Rpt: 4/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abodeely, Andrew <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92115	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Andrew Abodeely
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Cherie <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Lawson, Ericka <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnwine, Terrea <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnwine, Terrea <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barazi, Shahem <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxley, Matthew <hr/> Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Muriel <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414-7357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) Formosa Plastics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrasco, Timothy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Part-Time Teacher		Employer (See Instructions) U.N.A.M.
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrasco, Timothy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Part-Time Teacher		Employer (See Instructions) U.N.A.M.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escalante, Irene <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Account Director		9 Employer (See Instructions) Sabre
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escalante, Irene <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Account Director		Employer (See Instructions) Sabre
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Amie <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sourcing Manager		Employer (See Instructions) Charles Schwab
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Amie <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sourcing Manager		Employer (See Instructions) Charles Schwab
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Vicki <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$100.00
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: 4/9 Rpt: 7/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Dan 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Dan Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzick, Dr. Maury Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Regina Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Regina Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$25.00
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: 5/9 Rpt: 8/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyer, David 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyer, David Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huebner, Doug & Rebecca Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kush, Steve Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kush, Steve Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, BRUCE <hr/> 6 Contributor address; City; State; Zip Code Alpine, TX 79830	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, BRUCE <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Relova, Carlos <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) General Motors
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Alee <hr/> Contributor address; City; State; Zip Code Salem, OR 97304	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Alee <hr/> Contributor address; City; State; Zip Code Salem, OR 97304	Amount of Contribution (\$) \$100.00
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: 7/9 Rpt: 10/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 07/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Joe 6 Contributor address; City; State; Zip Code Fort Worth, TX 76177	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Joe Contributor address; City; State; Zip Code Fort Worth, TX 76177	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
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: 8/9 Rpt: 11/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison 6 Contributor address; City; State; Zip Code bay city, TX 77414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliva, Allison Contributor address; City; State; Zip Code bay city, TX 77414	Amount of Contribution (\$) \$25.00
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: 9/9 Rpt: 12/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sherry 6 Contributor address; City; State; Zip Code Bay City, TX 77414	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) blumberg, carla Contributor address; City; State; Zip Code Saint Paul, MN 55105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) blumberg, carla Contributor address; City; State; Zip Code Saint Paul, MN 55105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/3 Rpt: 13/32	
2 FILER NAME Flores, Benjamin (Mr.)				3 Filer ID (Ethics Commission Filers) 00089819	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 07/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill <hr/> 7 Contributor address; City; State; Zip Code Califon, NJ 07830		8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description In-Kind Consulting Services - July 2025 <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			11 Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830		Amount of contribution (\$) \$2,500.00	In-kind contribution description In-Kind Consulting Services - August 2025 <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830		Amount of contribution (\$) \$2,500.00	In-kind contribution description In-Kind Consulting Services - September 2025 <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 2/3 Rpt: 14/32	
2 FILER NAME Flores, Benjamin (Mr.)				3 Filer ID (Ethics Commission Filers) 00089819	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 10/15/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill		8 Amount of contribution (\$) \$1,250.00		9 In-kind contribution description In-Kind Consulting Services - October 1-14, 2025
7 Contributor address; City; State; Zip Code Califon, NJ 07830			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			11 Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill		Amount of contribution (\$) \$2,500.00		In-kind contribution description In-Kind Pro-Bono Discount - November 2025
Contributor address; City; State; Zip Code Califon, NJ 07830			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasso, Bill		Amount of contribution (\$) \$2,500.00		In-kind contribution description In-Kind Pro-Bono Discount - December 2025
Contributor address; City; State; Zip Code Califon, NJ 07830			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant			Employer (FOR NON-JUDICIAL) (See instructions) Strategic Messages		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 15/32	
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strategic Messages	8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description Campaign Strategy Services
	7 Contributor address; City; State; Zip Code Califon, NJ 07830	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 16/32
2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/04/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Benjamin	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Bay City, TX 77414	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Councilman		13 Employer (See Instructions) City of Bay City
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/6 Rpt: 17/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/31/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2025	Candidate/Officeholder name Balam Strategy Group	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 233 Lindell Pl San Antonio, TX 78212	
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 Strategic PR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Nasso, William	
Amount (\$) \$946.02	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Califon, NJ 07830	
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 Payment to Bill Nasso via Zelle
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: 2/6 Rpt: 18/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 11/11/2025	5 Payee name Pescador Public Strategies LLC	
6 Amount (\$) \$1,333.33	7 Payee address; City; State; Zip Code 4007 McCullough Suite 168 San Antonio, TX 78212	
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 Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Payee name Pescador Public Strategies LLC	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4007 McCullough Suite 168 San Antonio, TX 78212	
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 Agency Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/11/2025	Candidate/Officeholder name Payee name Pescador Public Strategies LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 4007 McCullough Suite 168 San Antonio, TX 78212	
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 Agency Fee
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: 3/6 Rpt: 19/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/12/2025	5 Payee name Pescador Public Strategies LLC	
6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 4007 McCullough Suite 168 San Antonio, TX 78212	
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 Agency Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Prosperity Bank		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1600 7th St Bay City, TX 77414	
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 Bank Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Prosperity Bank		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1600 7th St Bay City, TX 77414	
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 Bank Service Charge
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: 4/6 Rpt: 20/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/02/2025	5 Payee name Prosperity Bank	
6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code 1600 7th St Bay City, TX 77414	
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 Zelle Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Ramirez, Joseph	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 7444 S Padre Island Dr Corpus Christi, TX 78412	
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 Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Sole Strategies	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1930 18th St NW Ste B2 #1036 Washington, DC 20009	
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 Call Time Program
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: 5/6 Rpt: 21/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 08/13/2025	5 Payee name Sole Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1930 18th St NW Ste B2 #1036 Washington, DC 20009	
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 Call Time Program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Strategic Messages (Bill Nasso)	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 16 Califon, NJ 07830	
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 Campaign Consulting November 2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Strategic Messages (Bill Nasso)	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 16 Califon, NJ 07830	
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 Campaign Consulting December 2025
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: 6/6 Rpt: 22/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 11/07/2025	5 Payee name Texas Democratic Party	
6 Amount (\$) \$3,750.00	7 Payee address; City; State; Zip Code 314 E. Highland Mall Blvd. Suite 508 Austin, TX 78752	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Texas Democratic Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 314 E. Highland Mall Blvd. Suite 508 Austin, TX 78752	
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 Year End Fundraiser
Complete <u>ONLY</u> 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
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 G: Sch: 1/10 Rpt: 23/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/10/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$52.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02114	
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 Processing Fee/Tip
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2025	Payee name Buc-ee's	
Amount (\$) \$52.81 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10070 I-10 Luling, TX 78648	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Circle K 06970	
Amount (\$) \$20.18 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1301 N US Highway 77 Waxahachie, TX 75165	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> 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
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 G: Sch: 2/10 Rpt: 24/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/16/2025	5 Payee name Denny's	
6 Amount (\$) \$20.98 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2931 US-77 Corpus Christi, TX 78410	
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 Campaign Travel - Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/17/2025	Candidate/Officeholder name Exxon	
Amount (\$) \$90.93 <input type="checkbox"/> Reimbursement from political contributions intended	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name Exxon	
Amount (\$) \$36.34 <input type="checkbox"/> Reimbursement from political contributions intended	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/10 Rpt: 25/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 09/12/2025	5 Payee name Fairfield by Marriott Inn & Suites	
6 Amount (\$) \$164.22 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 411 Porter Lane Longview, TX 75605	
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 Hotel Stay - Campaign Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Fairfield by Marriott	
Amount (\$) \$130.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 522 S Padre Island Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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 - Campaign Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Fairfield by Marriott	
Amount (\$) \$131.04 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 522 S Padre Island Dr Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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 - Campaign Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/10 Rpt: 26/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/14/2025	5 Payee name Fairfield by Marriott	
6 Amount (\$) \$162.59 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 522 S Padre Island Dr Corpus Christi, TX 78405	
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 Hotel Stay - Campaign Travel
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/15/2025	Payee name Grind Coffee Co	
Amount (\$) \$6.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 315 W University Dr Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Meals
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/22/2025	Payee name Los Barrios Restaurant	
Amount (\$) \$21.66 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4223 Blanco Rd San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Meals
	9 Complete <u>ONLY</u> 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
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 G: Sch: 5/10 Rpt: 27/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/15/2025	5 Payee name Los Compadres Buffet	
6 Amount (\$) \$15.60 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3412 N 23rd St McAllen, TX 78501	
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 Campaign Travel - Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2025	Payee name Marriott San Antonio North	
Amount (\$) \$25.49 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3233 Northwest Loop 410 San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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 - Campaign Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2025	Payee name Marriott	
Amount (\$) \$150.53 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3233 Northwest Loop 410 San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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 - Campaign Travel
Complete <u>ONLY</u> 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
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 G: Sch: 6/10 Rpt: 28/32		2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819	
4 Date 12/17/2025		5 Payee name McDonald's			
6 Amount (\$) \$13.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2101 7th St Bay City, TX 77414			
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 Campaign Travel - Meals	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/04/2025		Payee name Nana & Papa's Bluebird Cafe			
Amount (\$) \$16.32 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 124 W North Commerce St Wills Point, TX 75169			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Meals	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/16/2025		Payee name Popeyes			
Amount (\$) \$9.52 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1115 S Port Ave Corpus Christi, TX 78405			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Meals	
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
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 G: Sch: 7/10 Rpt: 29/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/13/2025	5 Payee name Residence Inn Temple	
6 Amount (\$) \$143.53 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4301 S General Bruce Dr Temple, TX 76502	
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 Hotel Stay - Campaign Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name SE	
Amount (\$) \$47.06 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 304 S Sam Houston Blvd San Benito, TX 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Shell	
Amount (\$) \$26.91 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 S Wells St Edna, TX 77957	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> 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
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 G: Sch: 8/10 Rpt: 30/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 10/24/2025	5 Payee name Shell	
6 Amount (\$) \$17.27 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 N Crossroads Blvd Balcones Heights, TX 78201	
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 Campaign Travel - Fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Shell	
Amount (\$) \$27.09 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7717 Wesley St Greenville, TX 75402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Speedy Stop	
Amount (\$) \$17.83 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5065 Royston Rd Buda, TX 78610	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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Food/Beverage Expense
Gift/Awards/Memorials Expense
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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 G: Sch: 9/10 Rpt: 31/32		2 FILER NAME Flores, Benjamin (Mr.)		3 Filer ID (Ethics Commission Filers) 00089819	
4 Date 10/10/2025		5 Payee name State Tejano Democrats (TX)			
6 Amount (\$) \$1,050.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 909 Theresa Ave Austin, TX Austin, TX 78703			
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 Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/15/2025		Payee name Sunoco			
Amount (\$) \$14.16 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1218 E Canton Rd Edinburg, TX 78539			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Fuel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/15/2025		Payee name Taqueria Los Altos De Jalisco			
Amount (\$) \$18.41 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 829 Industrial Blvd Robstown, TX 78380			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Travel - Meals	
Complete <u>ONLY</u> 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
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Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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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 G: Sch: 10/10 Rpt: 32/32	2 FILER NAME Flores, Benjamin (Mr.)	3 Filer ID (Ethics Commission Filers) 00089819
4 Date 12/05/2025	5 Payee name Texaco	
6 Amount (\$) \$23.72 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 563 I-45 Hunstville, TX 77340	
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 Campaign Travel - Fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held