CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Abiel NAME LAST NICKNAME SUFFIX Flores ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** Missign 1610 Stonegate Or MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ **OFFICEHOLDER** 222-7777 (950) PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN R **TREASURER** Sylvia Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Flores STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN **TREASURER** TX Missian Stonegate Di. 1610 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 583-0055 PHONE REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month **COVERED** /29/ 27/2022 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Special 2002 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Mission City Council THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME Committee for Rossible Government COMMITTEE ADDRESS GENERAL 30% Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Mila Silva COMMITTEE CAMPAIGN TREASURER ADDRESS 2118 E. 27th St., Mission, TX 78574 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,294.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 6,000
	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	didate or Officeholder
	Please complete either option below:	
WINDERTA O	We are the second of the secon	
(1) Attigate it		
NOTARY		
Sworn to and subscribed	before me by Abiel Plores this the	29th day of April.
20 32, to certify	which, witness my hand and seal of office. Arrillo Carrillo	Notary Public
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	
		ate) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	6,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	7,801
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,537.09
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	8,487
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			•
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	Abiel Flores		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I		7 Amount of contribution (\$)
4/4/82	6 Contributor address; City;	State; Zip Code	¥1,000
8 Principal occu		Employer (See Instruction	ons)
	Attorney		
Date	Full name of contributor Quit-of-state PAC (D#:	Amount of contribution (\$)
4/1/32	True Builters Contributor address; City; 2004 E. 25 h st Mission	State; Zip Code TX 78574	# 1,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	,		·
Date	Full name of contributor	D#:)	Amount of contribution (\$)
4/3/22	Contributor address; City;	State; Zip Code	\$ 1,000
	2118 E. 27th M. Mission	DX 78574	1,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
4/18/22	Contributor address; City;	State; Zip Code	\$(1,000
•	3900 N. 10th sh McAller	DK 78501	•
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Abrel Florz		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA OMN Ramon 6 Contributor address; City; 1309 Emerald Cn Mission	State; Zip Code	7 Amount of contribution (\$)			
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor		Amount of contribution (\$)			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E Abyl Flores	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 2,000
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Gontribution \$ 9 In-kind contribution description	
3-31-39	7 Contributor address; City; State;	Zip Code	#21000 Signage material
	Thor TX		Check if travel outside of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	·					
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2	FILER NAME	ill Flons		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	NITEMIZED LOANS		\$ 6,000		
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate O 11 Maturity date		
	Y (0)			NA		
12		on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City:	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
		ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	EDED		
	If Io	under is out-of-state PAC please see ins				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,,
1 Total pages Schedule F1:	2 FILER NAME Abirl Flores		3 Filer ID (Ethio	es Commission Filers)
4 Date 3-31-27	5 Payee name Exclusive Degigns			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,006.12	2403 E. Griffin PKny	Missim	TX	78573
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adversing Penting	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Missin City Con	41 113	Office held
Date	Payee name			
4-5-82	Texas Regional Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
49.00	7300 E. Griffin Pkry	Mi stion	TX	71572
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Bank Fee	Checks		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/11/22	Maria Alania			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$410				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contact Labor	Block	nalk.y	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abru For ,	Office sought	ral A3	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Manes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political C Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)			
Credit Cald Fayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 2	2 FILER NAME Abirel Flores		3 Filer ID (Ethics Commission Filers)	
4 Date 4 II N	5 Payee name San Wanita Burajas	- ''		
6 Amount (\$) 7	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description	nalking	
,	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ahrt Phys	Office sought Missin Ghy Ga	Office held PL3	
Date 4/13/22	Payee name Anceli Manter			
Amount (\$) #400	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	rulkiz	
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abrel Phres	Missien (it for	Office held	
Date 4/14/22	Payee name San Warch Bwajas			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Catholic Labor	Description Block	nalk.z	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mission 44 6	Office held	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor Other (enter a category not listed above)
Oreal Card Caymon	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME ABRY FORD	3 Filer ID (Ethics Commission Filers)
4 Date 4 18 72	5 Payee name Eshella Grener	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
#300		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Contract Labor	Block nelking
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abril Fb1;	Office sought Office held MISGIN City Court PL 3
Date	Payee name	
4/18/22	Volanda Cordova	
Amount (\$)	Payee address;	City; State; Zip Code
# 350		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	Block walking
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Abrel Pons	Mission City Coursel PL3
Date	Payee name	/
4/18/22	Araceli Monter	
Amount (\$) 402 · 50	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contract Labor	13 bock wallery
<i>y</i>	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		hirsen city Coursel Pl3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders over the feet of the color)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	/ages/Contract Labor	Other (enter a category not listed above)
Orock Salar Symone	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME About Plans		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2 1	5 Payee name Texas Rigiural	Bank	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
9.35	7300 E. Goffen Pkuy	M1'55,6	TDO 78573
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Bank Fees	Cheek	<i>S</i>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H Ahrel Pons Mi	Office sought	Office held
Date 4/19/22	Payee name Minia Alaniz	7	
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Cabar	Block u	alk.y
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Aby For A	Office sought	Office held
Date	Payee name		
4/20/22	Teresa Cantu		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract leber	Block na	lkiy
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abru Plas	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Abil Flores		3 Filer ID (Ethics	Commission Filers)
4 Date 4/21/82	5 Payee name Araceli Montez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Control Labor	(b) Description	walking	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Ant Pbry	Office sought	Garrell Pl3	Office held
Date 4/31/32	Payee name San Manita Barajas			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Confint Labor	Description	ralk, y	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abit Plans Milsib	Office sought		Office held
Date 4/27/2	Payee name San Transla Barazas	,		
Amount (\$) # 88 0	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Block u	ulkiz	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ### Ports ####################################	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME About Flores	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/22	5 Payee name Teresa Canta	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block uslking
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name Abrel Pons	Office sought Moston City Gural PC3
Date 4/37/2	Payee name Volanda Cardova	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Block uslay
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Abrel Flori	Mossba Gy Garal PL3
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	FYP	ENDITURE CAT	FGORIES FO	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Exp Fees Food/Beve y Gift/Award	ense erage Expense ts/Memorials Expense	Loan Repayn Office Overho Polling Expe Printing Expe	nent/Reimbursement ead/Rental Expense nse	Travel In District Travel Out Of Distr	ipment & Related Expens
	The Ins	truction Guide exp	ains how to cor	nplete this form.		
1 Total pages Schedule F4:	2 FILER NAME	MY FUTS			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 609	54 15 37°9
5 Date 4-7-7)	6 Payee name ろんし	Fire Piz	ra Men			
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
609.59	704 E.	Goffen Ptur	1	M. S. in	De	78512
9 TYPE OF EXPENDITURE	Political		Non-Polit	ical		
10	(a) Category (See Cate	gories listed at the top of	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event	Expense		/c,zk	90	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11	Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	About Flore Mission City Council Pl. 3					
Date 4-2-22	Payee name	For lizza	Mon			
Amount (\$)	Payee address;			City;	State;	Zip Code
927.10	704 €.	Griffin Pkung		Missim	Fit	78572
TYPE OF EXPENDITURE	Political	,	Non-Poli	ical		
		gories listed at the top of		ical Description		
PURPOSE OF	Category (See Cate	gories listed at the top of		Description	e-90	
PURPOSE	Category (See Cate	•	this schedule)	Description	stin, TX, officeholder liv	ring expense
PURPOSE OF	Category (See Cate	Oppers	this schedule)	Description		
PURPOSE OF	Category (See Cate	vel outside of Texas. Comp	this schedule)	Description Cick	ostin, TX, officeholder liv	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Cate	vel outside of Texas. Comp	this schedule)	Description City Check if Auce sought	ostin, TX, officeholder liv	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Check Contact and Contact Con

Candidate/Officeholder/Politic Credit Card Payment		o complete this form.	Other (enter a category	not listed above)		
1 Total pages Schedule G:	·		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name SMKT Media Gray					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	2800 Mples st	Brownsville	tx	78520		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	.71			
	Contact Cabor	Graph.	Emphies / Advoking			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	pense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH	Abjel Flores	Missilan City Com	al P13			
Date 4/26/22	Payee name Become Sholor	LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	809 Cedar Ave	Medle	Do	78501		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Contract Caber	SOUM Media				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	_	Office held		
expenditure to benefit C/C	OH Abird Flores	Mission City to	well Pl3			
Date 4/26/24	Payee name Progress Times / Sary	Publishing				
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	PO 150x 399	Mi Ssibn	T X	78573		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
OF EXPENDITURE	Advensing	Ad spice				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Missign City Co	A	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Printing Expense Travel Salaries/Wages/Contract Labor Other (

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule G:	2 FILER NAME Abril Flory		3 Filer ID (Ethics Commission Filers)		
4 Date 4/25/2>	5 Payee name Bernardo Gomes Bra	nd Barstos			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
	301 N. Mccoll Rd	Mouller	78501		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printy Expuse	Maler			
		Chook if Austin	TV officeholder living evenes		
9	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/OH	Abrel Flors	MISSIN 4/2 Con			
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	OF				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDI	ED		