FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mayra Flores for Congress PO Box 516 ADDRESS (number and street) (Check if address is changed) Los Indios 78567-0516 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address vflores@beyondnumberstax.com is changed) Optional Second E-Mail Address karl@conservativecompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.mayrafloresforcongress.com (Check if address is changed) DATE 2024 C00768994 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer de Hinojosa, Vanessa, Flores, de Hinojosa, Vanessa, Flores, , Date 04 16 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	the candidate
Name of Candidate Flores, Mayra, Nohemi, ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State TX District 34
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District of
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid I	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
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•	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	Mayra Flores for	Congress		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadersh	hip PAC Sponsor
	American Battlegrou	nd Fund		
	Mailing Address	PO Box 30844		
		Bethesda	MD , 20824-	
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative L	eadership PAC Sponso
	Custodian of Records: Ident	ify by name, address (phone number optional) and position of	f the nerson in nossessic	on of committee
<i>'</i> .	books and records.	by hame, address (phone number—optional) and position of	The person in possessic	on or commune
	de Hinoios	a, Vanessa, Flores, ,		
	Full Name	, valiessa, i loies, ,		
	Mailing Address	1409 S 9th Ave, Ste. 123		
	ag / taa.eee			
		E diabura	TV 70520.51	-07
		Edinburg	TX 78539-55	-
		CITY ▲	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone numl	ber2	223 - 8192
8.	Treasurer: List the name an	d address (phone number optional) of the treasurer of the	committee; and the nar	me and address of
	any designated agent (e.g., a	assistant treasurer).		
	Full Name de Hinojos	a, Vanessa, Flores, ,		
	of Treasurer			
	Mailing Address	1409 S 9th Ave, Ste. 123		
		I		
		[Edinburg]	TX 78539-55	527
	T11 B	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		252	000
	Treasurer	Telephone numl	ber 956 - 2	223 - 8192

FEC Form 1 (Revised	1 02/2009)		Page 4
Full Name of Designated de Hinoj Agent	josa, Vanessa, Flores, ,		
Mailing Address	1409 S 9th Ave, Ste. 123		
	Edinburg	TX TX	78539-5527
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		Telephone number 9:	56 - 223 - 8192
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	which the committee deposits for	unds, holds accounts, rents
Name of Bank, Depository	, etc.		
First C	ommunity Bank		
Mailing Address	1151 W Highway 77		
	San Benito	TX	78756
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This amendment adds Grow the Majority as a joint fundraising representative

Form/Schedule: Transaction ID:

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2. 🔲				FEC II	O number	С	
3.				FEC II	O number	С	
4.				FEC II	O number	С	
lame of	Any Connected (Organization, Affi	liated Committee, Joint	Fundraising Re	oresentativ	e. or Leadershir	PAC Spons
Team	-						
Mail	ing Address	1005 Congress	Ave				
		Suite 400					
		Austin			TX	78701-	-
	ationship:		CITY A		STATE A	ZIP	CODE A
	Connected	Organization by name, address	Affiliated Committee	S Joint Fundraisin	g Representa	ative Leade	ership PAC Sp
	Connected				g Representa	ative Leade	ership PAC Sp
esignate Full N	Connected				g Representa	ative Leade	ership PAC Sp
esignate	Connected ed Agent: Identify ame				g Representa	ative Leade	ership PAC Sp
esignate Full N	Connected ed Agent: Identify ame				g Representa	ative Leade	ership PAC Sp
esignate Full N Mailing	Connected ed Agent: Identify ame	by name, address		nal)	g Representa		ership PAC Sp

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Ourselination Affiliated Occumitates Islant Fo	andraining Decrees which	and and analysis DAO Consu
Emmer Majority Buil	Organization, Affiliated Committee, Joint Fuders	ndraising Hepresentativ	e, or Leadersnip PAC Spon
Mailing Address	824 Milledge Cir		
	Ste 101		
	Athens	GA	30606-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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h). Joint Fundraisi	ng Participant.			
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4.		FEC ID number	er C	
ame of Any Connected	l Organization, Affiliated Committee, Joint I	undraising Representa	ative, or Leadership PAC Sp	oons
Grow the Majority				
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria	VA	22314-5404	
Relationship:	CITY ▲	STATE	ZIP CODE	A
	ed Organization Affiliated Committee X fy by name, address (phone number – option	Joint Fundraising Repres	sentative Leadership PAC	S Sp
			sentative Leadership PAC	C Sp
esignated Agent: Identi			sentative Leadership PAC	C Sp
esignated Agent: Identi			sentative Leadership PAC	Sp
esignated Agent: Identi			sentative Leadership PAC	C Sp
esignated Agent: Identi	fy by name, address (phone number – option			C Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – option	al)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – option CITY CITY pries: List all banks or other depositories in valintains funds.	STATE A Telephone Number	ZIP CODE A	

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2				FEC ID	number	С
3.				FEC ID	number	С
4.				 FEC ID	number	С
	Any Connected Ge Leadership Fu		ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
Ма	iling Address	320 1st St SE				
		Washington			DC	20003-
Rel	lationship:		CITY A		STATE 🛦	ZIP CODE ▲
esignat	ed Agent: Identify	by name, address	(phone number – optior	nal)		
Pesignat Full N		by name, address	(phone number – optior	al)		
Full 1		by name, address	(phone number — option	nal)		
Full 1	Name	by name, address	(phone number – optior	nal)		
Full 1	Name	by name, address	(phone number – optior	nal)		
Full 1	Name		(phone number – option		STATE A	ZIP CODE A