48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
MAYRA FLORES FOR CONGRESS

ADDRESS (number and street) PO BOX 516

CITY	STATE	ZIP CODE
LOS INDIOS	TX	78567-0516

2. NAME OF CANDIDATE
FLORES, MAYRA, NOHEMI, ,

3. OFFICE SOUGHT (State and District)
House TX 34

4. FEC IDENTIFICATION NUMBER
C00768994

5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME MEGO, PEDRO, , ,			Name of Employer INFORMATION REQUESTED	Date (month, day, year) 02/15/2026	Amount 7000.00
MAILING ADDRESS			**Transaction ID : 6D886A3F5E06E449D**		
CITY	**STATE**	**ZIP CODE**	Occupation INFORMATION REQUESTED		
B. FULL NAME CHACON, INGRID, , ,			Name of Employer INFORMATION REQUESTED	Date (month, day, year) 02/15/2026	Amount 3500.00
MAILING ADDRESS			**Transaction ID : 689E100B4CD0E41A7**		
CITY	**STATE**	**ZIP CODE**	Occupation INFORMATION REQUESTED		
C. FULL NAME WALLACE, BRANDON, , ,			Name of Employer ALAMO SYSTEM INDUSTRIES LLC	Date (month, day, year) 02/15/2026	Amount 1000.00
MAILING ADDRESS 3405 S JACKSON RD			**Transaction ID : 6485F49A6B2A840A8**		
CITY PHARR	**STATE** TX	**ZIP CODE** 78577-9524	Occupation CONST.		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	**STATE**	**ZIP CODE**	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	**STATE**	**ZIP CODE**	Occupation		

SIGNATURE (optional)
DE HINOJOSA, VANESSA, , ,

DATE
02/17/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F6N**
Transaction ID :

MISSING ADDRESS REQUESTED FROM DONOR

Form/Schedule:
Transaction ID: