FEC

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 05 22 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| 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 the information below.) | e candidate |
| Name of Candidate Flores, Mayra, Nohemi, | <u> </u> |
| 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. | |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the Republican, | • |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte | d organization is a: |
| Corporation Corporation w/o Capital Stock Labor O | rganization |
| Membership Organization Trade Association Coopera | tive |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | d 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 PA | ıC). |
| 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 o committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate. | r more political |
| Committees Participating in Joint Fundraiser | |
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| ı | FEC Form 1 (Revised | 02/2009) | | Page 3 |
|----|---|---|--------------------------------|---------------------------------|
| V | Vrite or Type Committee Name | | | |
| | Mayra Flores fo | | | |
| 6. | | Organization, Affiliated Committee, Joint | Fundraising Representative | e, or Leadership PAC Sponsor |
| | American Battlegrou | na Funa | | |
| | | | | |
| | Mailing Address | PO Box 30844 | | |
| | | | | |
| | | Bethesda | MD | 20824- |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |
| | Relationship: Connected | d Organization Affiliated Organization | ✓ Joint Fundraising Represer | ntative Leadership PAC Sponse |
| | | | , | |
| 7. | Custodian of Records: Identification books and records. | ntify by name, address (phone number option | onal) and position of the pers | on in possession of committee |
| | de Hinojos | sa, Vanessa, Flores, , | | |
| | Full Name | | | |
| | Mailing Address | 1409 S 9th Ave, Ste. 123 | | |
| | | | | |
| | | Edinburg | TX | 78539-5527 |
| | | CITY ▲ | CTATE A | ZIP CODE A |
| | Title or Position ▼ | GITT A | STATE A | ZIP CODE A |
| | Custodian of Records | | Telephone number | 956 |
| | | | | |
| 8. | Treasurer: List the name are any designated agent (e.g., | nd address (phone number optional) of the assistant treasurer). | he treasurer of the committe | ee; and the name and address of |
| | · | sa, Vanessa, Flores, , | | |
| | of Treasurer | | | |
| | Mailing Address | 1409 S 9th Ave, Ste. 123 | | |
| | | | | |
| | | Edinburg | TX | 78539-5527 |
| | | CITY ▲ | STATE 4 | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Treasurer | | Telephone number | 956 8192 |

| FEC Form 1 | (Revised 02/2009) | | Page 4 |
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| Full Name of Designated Agent | de Hinojosa, Vanessa, Flores, , | 1 1 1 1 1 1 1 1 1 | |
| Mailing Address | 1409 S 9th Ave, Ste. 123 | | |
| | | | |
| | Edinburg | TX 78: | 539-5527 |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Treasurer | | one number 956 | |
| Banks or Other safety deposit box | Depositories: List all banks or other depositories in which the cases or maintains funds. | committee deposits funds, | holds accounts, rents |
| Name of Bank, D | epository, etc. | | |
| | First Community Bank | | |
| Mailing Address | 1151 W Highway 77 | | |
| | | | |
| | San Benito | TX | 756 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | <u> </u> | | |
| 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 2A Defense Fund as a joint fundraising representative

Form/Schedule: Transaction ID:

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| 2 | 1 | | | FEC II | 0 number | С | |
| 3. | | | | FEC II |) number | С | |
| 4. | 1 1 1 1 1 1 | | | FEC II | 0 number | С | |
| lame of | Any Connected | Organization Affi | liated Committee, Joint | Fundraising Re | oresentative | or Leadershin P | AC Snons |
| | Mayra | | | _ | | | |
| | | | | | | | |
| Mai | iling Address | 1005 Congress | Ave | | | | |
| | | Suite 400 | | | | | |
| | | Austin | | | TX | 78701- | - |
| Pol | ationship: | | CITY A | | STATE A | ZIP C | ODE 🛦 |
| | | Organization by name, address | Affiliated Committee | Joint Fundraising | g Representa | ative Leadersh | ip PAC Sp |
| | ed Agent: Identify | | | | g Representa | ative Leadersh | ip PAC Sp |
| esignat Full N | ed Agent: Identify | | | | g Representa | ative Leadersh | ip PAC Sp |
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| esignat Full N | ed Agent: Identify | | | | g Representa | ative Leadersh | ip PAC Sp |
| esignate Full N Mailin | ed Agent: Identify | by name, address | | nal) | g Representa | Leadersh ZIP CO | - - |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

| h). Joint Fundraisi | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| ame of Any Connected | l Organization, Affiliated Committee, Joint Fund | raising Representative | or Leadershin PAC Snon |
| Emmer Majority Buil | | | |
| | | | |
| Mailing Address | 824 Milledge Cir | | |
| | Ste 101 | | |
| | Athens | GA | 30606- |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address | CITY A | STATE State | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. | elephone Number | s funds, holds accounts, rent |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, | CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. | Telephone Number | s funds, holds accounts, rent |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. | Telephone Number | s funds, holds accounts, rent |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. | Telephone Number | s funds, holds accounts, rent |

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| | ng Participant: | | | |
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| 2 | | FEC ID r | umber (| C |
| 3. | | FEC ID r | umber (| C |
| 4. | | FEC ID r | umber (| C |
| ame of Any Connected | Organization, Affiliated Committee, Join | t Fundraising Repre | sentative, | or Leadership PAC Spon |
| Grow the Majority | | | | |
| | | | | |
| Mailing Address | 228 S Washington St | | | |
| | Ste 115 | | | |
| | Alexandria | | Ŭ VA □ | 22314-5404 |
| Relationship: | CITY ▲ | 5 | TATE A | ZIP CODE ▲ |
| | Affiliated Committee fy by name, address (phone number – option | X Joint Fundraising F | epresentati | ve Leadership PAC Sp |
| | | | depresentativ | ve Leadership PAC Sp |
| esignated Agent: Identi | | | lepresentati | ve Leadership PAC Sp |
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| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – option | onal) | ATE A | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | cories: List all banks or other depositories in aintains funds. | ST Telephone Num | ATE A ber | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, | cories: List all banks or other depositories in aintains funds. | ST Telephone Num | ATE A ber | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cories: List all banks or other depositories in aintains funds. | ST Telephone Num | ATE A ber | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | cories: List all banks or other depositories in aintains funds. | ST Telephone Num | ATE A ber | ZIP CODE A |

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| (h). Joint Fundraisi | ng Farticipant. | | |
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| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lama of Amy Commonton | A Committee Affiliated Committee Laint From | ducicina Demuccontetiv | a ay Landayahin DAC Suana |
| Scalise Leadership I | I Organization, Affiliated Committee, Joint Fun Fund 2024 | Line in the presentative | e, or Leadership FAC Sporis |
| | | | |
| Mailing Address | 320 1st St SE | | |
| | | | |
| | Washington | DC DC | 20003- |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | ed Organization Affiliated Committee X Joint Indiana Affiliated Committee X Joint Ind | nt Fundraising Represent | ative Leadership PAC Sp |
| Connecte | | nt Fundraising Represent | ative Leadership PAC Sp |
| Connecte esignated Agent: Identi | | nt Fundraising Representa | ative Leadership PAC Spe |
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| esignated Agent: Identi | fy by name, address (phone number – optional) | nt Fundraising Representation | Leadership PAC Special PAC Spe |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification of the composite of the c | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds. | STATE A Telephone Number | ZIP CODE A |

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| 4. | | 1 1 1 1 1 1 | | FEC I | D number | С | |
| lame of | Any Connected | Organization Affil | liated Committee, Joint | Fundraising Re | nresentative | or Leadershin | PAC Spons |
| | efense Fund | | | | | | I AG OPONO |
| | | | | | | | |
| Mai | iling Address | 824 Milledge Cir | | | | | |
| | | Ste 101 | | | | | |
| | | Athens | | | GA | | |
| Rel | ationship: | | CITY A | | STATE A | ZIP | CODE A |
| | | Organization by name, address | Affiliated Committee | Joint Fundraisin | ng Representa | ative Leader | ship PAC Sp |
| | ed Agent: Identify | | | | g Representa | ative Leader | ship PAC Sp |
| esignat Full N | ed Agent: Identify | | | | g Representa | ative Leader | ship PAC Sp |
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