Only

STATEMENT OF

PAGE 1 / 5 =

FORM 1		0	RGAN	IZA [·]	TIO	N												
1. NAME OF			Check if name	e		ple:If ty		, type)	1	2FE	54 M		Office	Use O	nly		
COMMITTEE (ir	ı full)	is	changed)		over 1	he line	S.							_	_			
Mayra Flores	s for Co	ngres	S 															
ADDRESS (number a	nd street)	PO Box 5	516								ı							
(Check if address		I		1 1	1 1		ı	l I	ı	l l	I		ı	l I	1 1	ı		1 1
is changed	Los Indios CITY					TX 78567-0516 -												
COMMITTEE'S E-MA	AIL ADDRES									3	IAI L	•			_	11 00	<i>J</i> DL 4	
(Check if a		ı vflores@	beyondnumb	erstax.c	om													
is changed)		Ontional	Second E-Ma	ail Addro	nee.													
		•	servativecompli															
COMMITTEE'S WEB	PAGE ADD	,	*															
(Check if a is changed		www.may	rafloresforcon	gress.co	m 													
2. DATE 0	B 26	D / Y	2025															
3. FEC IDENTIFIC	CATION NU	MBER ▶		C007	768994													
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	АМ	ENDE	ED (A	A)									
I certify that I have e	examined thi	s Stateme	nt and to the	best of	my kn	owledg	e and	d beli	ef it	is tr	ue, c	orre	ct an	d cor	mplete	∍.		
Type or Print Name	of Treasurer	de Hinoi	osa, Vanessa,	Flores														
				.,								M	M	/ D	ı D		Y	VV
Signature of Treasure	er de Hir	nojosa, Van	essa, Flores, ,							Date	Э	C	8	Ĺ	26	Ĺ	202	
NOTE: Submission of	false, errone		omplete inform					_	-					e pen	alties	of 52	U.S.(C. §3010
Office Use					F	or furth ederal E	er info	ormati n Com	i on c e missie	ontac					C F		M 1	

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.)	he 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
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 connected	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 F	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	
1C	

	FEC Form 1 (Revised 0	2/2009)		Page 3
V	/rite or Type Committee Name	•		
	Mayra Flores for			in and admitted PAG Comment
6.	Team Mayra	ganization, Affiliated Committee, Joint Fun	idraising Representat	ive, or Leadership PAC Sponsor
	Mailing Address	1005 Congress Ave		
		Suite 400		
		Austin	TX	78701-
		CITY A	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Repres	sentative Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional	l) and position of the pe	erson in possession of committee
	The state of the s	a, Vanessa, Flores, ,		
	Full Name	4400 C Oth Ave Cto 400		
	Mailing Address	1409 S 9th Ave, Ste. 123		
		Edinburg	TX	78539-5527
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	956 - 223 - 8192
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the t ssistant treasurer).	treasurer of the commi	ttee; and the name and address of
		a, Vanessa, Flores, ,		
	of Treasurer	1409 S 9th Ave, Ste. 123		
	Mailing Address			
		Edinburg	TX	78539-5527
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	956 - 223 - 8192

FEC Form 1 (Revise	ed 02/2009)		Page 4						
Full Name of Designated de Hin Agent	ojosa, 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 95	6						
Banks or Other Deposit safety deposit boxes or n	tories: List all banks or other depositories in naintains funds.	which the committee deposits fu	nds, holds accounts, rents						
Name of Bank, Depository, etc.									
First (Community Bank								
Mailing Address	1151 W Highway 77								
	San Benito	TX L	78756						
	CITY ▲	STATE ▲	ZIP CODE ▲						
Name of Bank, Depositor	ry, etc.								
Mailing Address									
	CITY ▲	STATE ▲	ZIP CODE ▲						

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment reflects the new district (TX-34) the candidate is running in for the 2026 cycle.

Form/Schedule: Transaction ID: