

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

18

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS (MR) FIRST MI

CARLOS

E

NICKNAME LAST SUFFIX

FLORES

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 233-1350

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

ANDREA

NICKNAME LAST SUFFIX

ESPINOZA

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2720 NW 25TH STREET FORT WORTH TX

76106

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 658-6978

9 REPORT TYPE

- ☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 01 / 2021 THROUGH 12 / 31 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

- ☐ Primary ☐ Runoff ☐ Other Description
- ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL FW DIST 2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>CARLOS E. FLORES</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>324.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7114.75</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Carlos E. Flores*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Carlos Flores this the 18<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.  
Melissa K. Brunner Melisse K. Brunner notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

CARLOS E. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	Ø
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	Ø
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	Ø
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	Ø
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	324. <sup>00</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	781. <sup>37</sup>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	Ø
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	Ø
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	Ø
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	4681. <sup>18</sup>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	Ø

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>08/30/21</b>	5 Payee name <b>MARIO PEREZ</b>	
6 Amount (\$) <b>162.00</b>	7 Payee address; City; State; Zip Code <b>5TH AVENUE FORT WORTH TX 76110</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>CARLOS E. FLORES</b> Office sought <b>—</b> Office held <b>CITY COUNCIL FW DIST 2</b>		
Date <b>08/30/21</b>	Payee name <b>MARIO PEREZ</b>	
Amount (\$) <b>162.00</b>	Payee address; City; State; Zip Code <b>5TH AVENUE FORT WORTH TX 76110</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>CARLOS E. FLORES</b> Office sought <b>—</b> Office held <b>CITY COUNCIL FW DIST 2</b>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>781.<sup>37</sup></b>			
5 Date <b>12/14/21</b>	6 Payee name <b>MARIO PEREZ</b>				
7 Amount (\$) <b>781.<sup>37</sup></b>	8 Payee address; City; State; Zip Code <b>5TH AVENUE FORTWORTH TX 76110</b>				
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>CHRISTMAS CARD</b>			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name <b>CARLOS E. FLORES</b></td> <td style="width:20%;">Office sought <b>-</b></td> <td style="width:40%;">Office held <b>CITY COUNCIL FW DIST 2</b></td> </tr> </table>			Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>-</b>	Office held <b>CITY COUNCIL FW DIST 2</b>
Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>-</b>	Office held <b>CITY COUNCIL FW DIST 2</b>			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>07/01/21</b>	5 Payee name <b>JUNIOR CADET CORPS PTA - JP ELDER MIDDLE SCHOOL</b>	
6 Amount (\$) <b>5.00</b>	7 Payee address; <b>769 NW 21ST STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>07/06/21</b>	Payee name <b>TIFF'S TREATS</b>	
Amount (\$) <b>64.75</b>	Payee address; <b>2401 W 7TH STREET</b>	City State Zip Code <b>FORT WORTH TX 76107</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>OFFICE BIRTHDAY</b>
Date <b>07/15/21</b>	Payee name <b>THE RAILCAR COFFEE SHOP</b>	
Amount (\$) <b>3.41</b>	Payee address; <b>112 W. EXCHANGE AVE.</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>BUSINESS MEETING</b>
Date <b>07/16/21</b>	Payee name <b>THE RAILCAR COFFEE SHOP</b>	
Amount (\$) <b>4.49</b>	Payee address; <b>112 W. EXCHANGE AVE.</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>BUSINESS MEETING</b>

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# **NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

## **SCHEDULE I**

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<b>1</b> Total pages Schedule I: 13	<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 07/19/21	<b>5</b> Payee name THE ORIGINAL DEL NORTE			
<b>6</b> Amount (\$) 49. <sup>90</sup>	<b>7</b> Payee address; 1400 N. MAIN STREET	City FORT WORTH	State TX	Zip Code 76164
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	<b>(b)</b> Description (See instructions regarding type of information required.) BUSINESS LUNCH		
Date 07/19/21	Payee name JULIO ALVAREZ - MARIACHI REAL DE ALVAREZ			
Amount (\$) 380. <sup>00</sup>	Payee address;	City FORT WORTH	State TX	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) EVENT EXPENSE	Description (See instructions regarding type of information required.) N. MAIN BRIDGE OPENING		
Date 07/20/21	Payee name EMERICO PEREZ PHOTOGRAPHY			
Amount (\$) 200. <sup>00</sup>	Payee address;	City FORT WORTH	State TX	Zip Code 76116
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) EVENT EXPENSE	Description (See instructions regarding type of information required.) N. MAIN BRIDGE OPENING		
Date 08/08/21	Payee name WAL-MART SUPER CENTER			
Amount (\$) 400. <sup>00</sup>	Payee address;	City FORT WORTH	State TX	Zip Code 76114
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.)		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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<b>1</b> Total pages Schedule I: 13	<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/04/21	<b>5</b> Payee name HUMANE SOCIETY OF NORTH TEXAS			
<b>6</b> Amount (\$) 25.00	<b>7</b> Payee address; 1840 E. LANCASTER AVE.	City FORT WORTH	State TX	Zip Code 76103
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date 08/19/21	Payee name THE RAILCAR COFFEE SHOP			
Amount (\$) 12.26	Payee address; 112 W. EXCHANGE AVE.	City FORT WORTH	State TX	Zip Code 76164
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) BUSINESS MEETING	
Date 08/30/21	Payee name JUNTOS SE PUEDE			
Amount (\$) 200.00	Payee address; 2621 NW 29TH STREET	City FORT WORTH	State TX	Zip Code 76106
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		Description (See instructions regarding type of information required.) SCHOLARSHIP FUND	
Date 09/01/21	Payee name NTTA			
Amount (\$) 57.72	Payee address; 5900 W. PLANO PARKWAY	City DALLAS	State TX	Zip Code 75093
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) FEES		Description (See instructions regarding type of information required.) TOLL TAG	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>09/03/21</b>	5 Payee name <b>BROTHERHOOD FOR THE FALLEN - FORT WORTH CHAPTER</b>	
6 Amount (\$) <b>100.<sup>00</sup></b>	7 Payee address; <b>P.O. BOX 4453</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>09/09/21</b>	Payee name <b>SAN MATEO COMMUNITY ORGANIZATION</b>	
Amount (\$) <b>200.<sup>00</sup></b>	Payee address; <b>7425 EWING AVE.</b>	City State Zip Code <b>FORT WORTH TX 76116</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>09/13/21</b>	Payee name <b>WAL-MART SUPER CENTER</b>	
Amount (\$) <b>31.<sup>12</sup></b>	Payee address; <b>2245 JACKSBORO HWY.</b>	City State Zip Code <b>FORT WORTH TX</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>09/30/21</b>	Payee name <b>THE RAILCAR COFFEE SHOP</b>	
Amount (\$) <b>16.<sup>56</sup></b>	Payee address; <b>112 W. EXCHANGE AVE.</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>BUSINESS MEETING</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/30/21</b>		5 Payee name <b>NORTHSIDE NEIGHBORHOOD ASSOCIATION</b>			
6 Amount (\$) <b>100.<sup>00</sup></b>		7 Payee address; <b>2020 NW 21ST STREET</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76164</b>	
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>		(b) Description (See instructions regarding type of information required.)	
Date <b>10/04/21</b>		Payee name <b>SUPER WAL-MART</b>			
Amount (\$) <b>26.<sup>36</sup></b>		Payee address; <b>2245 JACKSBORO HWY.</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76114</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>		Description (See instructions regarding type of information required.)	
Date <b>10/07/21</b>		Payee name <b>STYLE FW PICTURES</b>			
Amount (\$) <b>154.<sup>65</sup></b>		Payee address; <b>3208 RIVERLAKE DRIVE</b>		City <b>HURST</b>	State <b>TX</b>
				Zip Code <b>76053</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See instructions for examples of acceptable categories.) <b>FEES</b>		Description (See instructions regarding type of information required.) <b>PHOTOGRAPHY</b>	
Date <b>10/12/21</b>		Payee name <b>STOCKYARDS COLESIUM</b>			
Amount (\$) <b>29.<sup>45</sup></b>		Payee address; <b>131 E. EXCHANGE AVE.</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76164</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>		Description (See instructions regarding type of information required.) <b>BUSINESS EVENT</b>	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I: 13	<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/12/21	<b>5</b> Payee name POPCORN PECATONIA - BOY SCOUTS OF AMERICA			
<b>6</b> Amount (\$) 50. <sup>00</sup>	<b>7</b> Payee address;	City LIVINGSTON	State WI	Zip Code 53554
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		(b) Description (See instructions regarding type of information required.)	
Date 10/18/21	Payee name FAX PLUS APP			
Amount (\$) 11. <sup>99</sup>	Payee address;	City GENEVA, SWITZERLAND	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) FEES		Description (See instructions regarding type of information required.)	
Date 10/20/21	Payee name H3 RANCH			
Amount (\$) 23. <sup>17</sup>	Payee address;	City FORT WORTH	State TX	Zip Code 76164
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) BUSINESS MEETING	
Date 10/22/21	Payee name NORTHSIDE LEGACY FOUNDATION			
Amount (\$) 200. <sup>00</sup>	Payee address;	City FORT WORTH	State TX	Zip Code 76164
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		Description (See instructions regarding type of information required.) SCHOLARSHIP FUND	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/25/21</b>	5 Payee name <b>THE BUSCUIT BAR.</b>	
6 Amount (\$) <b>61.<sup>50</sup></b>	7 Payee address; <b>128 E. EXCHANGE AVE.</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>FOOD / BEVERAGE EXPENSE</b>	(b) Description (See instructions regarding type of information required.) <b>BUSINESS LUNCH</b>
Date <b>10/27/21</b>	Payee name <b>EMERICO PEREZ</b>	
Amount (\$) <b>250.<sup>00</sup></b>	Payee address; <b>7425 EWING AVE.</b>	City State Zip Code <b>FORT WORTH TX 76116</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS / DONATIONS</b>	Description (See instructions regarding type of information required.) <b>SPONSORSHIP</b>
Date <b>10/29/21</b>	Payee name <b>EMERICO PEREZ PHOTOGRAPHY</b>	
Amount (\$) <b>200.<sup>00</sup></b>	Payee address; <b>7425 EWING AVE.</b>	City State Zip Code <b>FORT WORTH TX 76116</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>FEES</b>	Description (See instructions regarding type of information required.) <b>HENDERSON STREET BRIDGE OPENING</b>
Date <b>11/01/21</b>	Payee name <b>LAS MONAS TRES CHUYES</b>	
Amount (\$) <b>120.<sup>00</sup></b>	Payee address; <b>3257 DEEN ROAD</b>	City State Zip Code <b>FORT WORTH TX 76106</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS / DONATIONS</b>	Description (See instructions regarding type of information required.) <b>TRI-ETHNIC COMMUNITY CENTER</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/03/21</b>	5 Payee name <b>FORT WORTH FIREFIGHTERS MUSEUM</b>	
6 Amount (\$) <b>50.00</b>	7 Payee address; <b>5221 WEDGEFIELD ROAD</b>	City State Zip Code <b>GRANBURY TX 76049</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>11/08/21</b>	Payee name <b>STYLE FW PICTURES</b>	
Amount (\$) <b>325.00</b>	Payee address; <b>3208 RIVERLAKE DRIVE</b>	City State Zip Code <b>HURST TX 76053</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FEES</b>	Description (See instructions regarding type of information required.) <b>PHOTOGRAPHY</b>
Date <b>11/10/21</b>	Payee name <b>LATIN ARTS ASSOCIATION OF FORT WORTH</b>	
Amount (\$) <b>100.00</b>	Payee address; <b>1440 N. MAIN STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>11/16/21</b>	Payee name <b>FAX PLUS APP</b>	
Amount (\$) <b>11.99</b>	Payee address; <b>ROUTE DE LA GALAISE 34</b>	City State Zip Code <b>GENEVA, SWITZERLAND</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FEES</b>	Description (See instructions regarding type of information required.)

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/22/21</b>	5 Payee name <b>CAMP FIRE/FIRST TEE</b>	
6 Amount (\$) <b>25.91</b>	7 Payee address; <b>FORTWORTH</b>	City State Zip Code <b>TX 76137</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>ASSIST THE OFFICER FORT WORTH - NTX GIVING DAY</b>	
Amount (\$) <b>50.00</b>	Payee address; <b>100 N. FOREST PARK BLVD.</b>	City State Zip Code <b>FORT WORTH TX 76102</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>FORT WORTH AVIATION MUSEUM - NTX GIVING DAY</b>	
Amount (\$) <b>100.00</b>	Payee address; <b>3300 ROSS AVE.</b>	City State Zip Code <b>FORT WORTH TX 76106</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>ALL SAINTS CATHOLIC SCHOOL - NTX GIVING DAY</b>	
Amount (\$) <b>57.50</b>	Payee address; <b>2006 N. HOUSTON STREET</b>	City State Zip Code <b>FORTWORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)

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## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/01/21</b>	5 Payee name <b>NORTH FORT WORTH HISTORICAL SOCIETY - NTX GIVING DAY</b>	
6 Amount (\$) <b>57.50</b>	7 Payee address; <b>131 E. EXCHANGE AVE. STE 110</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>FIRST TEE OF FORT WORTH - NTX GIVING DAY</b>	
Amount (\$) <b>57.50</b>	Payee address; <b>1900 ROCKWOOD PARK DR. N.</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM - NTX GIVING DAY</b>	
Amount (\$) <b>57.50</b>	Payee address; <b>2029 N. MAIN STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)
Date <b>12/01/21</b>	Payee name <b>FORT WORTH SISTER CITIES INTER. - NTX GIVING DAY</b>	
Amount (\$) <b>57.50</b>	Payee address; <b>908 MONROE STREET</b>	City State Zip Code <b>FORT WORTH TX 76102</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	Description (See instructions regarding type of information required.)

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## SCHEDULE I

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1 Total pages Schedule I: <b>13</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/06/21</b>	5 Payee name <b>FORT WORTH FIRE SERVICE RESOURCE NETWORK, INC.</b>	
6 Amount (\$) <b>50.00</b>	7 Payee address; <b>562 TURNER ROAD</b>	City <b>ENNIS</b> State <b>TX</b> Zip Code <b>75119</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTIONS/DONATIONS</b>	(b) Description (See instructions regarding type of information required.)
Date <b>12/08/21</b>	Payee name <b>ASCENCION COFFEE</b>	
Amount (\$) <b>11.67</b>	Payee address; <b>1751 RIVER RUN, STE. 151</b>	City <b>FORT WORTH</b> State <b>TX</b> Zip Code <b>76107</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>BUSINESS MEETING</b>
Date <b>12/13/21</b>	Payee name <b>STYLE FW PICTURES</b>	
Amount (\$) <b>100.00</b>	Payee address; <b>3208 RIVERLAKE DRIVE</b>	City <b>HURST</b> State <b>TX</b> Zip Code <b>76053</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>FEEES</b>	Description (See instructions regarding type of information required.) <b>PHOTOGRAPHY</b>
Date <b>12/16/21</b>	Payee name <b>FAX PLUS APP</b>	
Amount (\$) <b>11.99</b>	Payee address; <b>ROUTE DE LA GALAISE 34</b>	City <b>GENEVA, SWITZERLAND</b> State <b></b> Zip Code <b></b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>FEEES</b>	Description (See instructions regarding type of information required.)

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## SCHEDULE I

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<b>1</b> Total pages Schedule I: 13	<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/17/21	<b>5</b> Payee name COOPER'S OLD TIME BBQ			
<b>6</b> Amount (\$) 60.00	<b>7</b> Payee address; 301 STOCKYARDS BLVD.	City FORT WORTH	State TX	Zip Code 76164
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) GIFT/AWARDS EXPENSE	(b) Description (See instructions regarding type of information required.) .		
Date 12/20/21	Payee name LATIN ARTS ASSOCIATION OF FORT WORTH			
Amount (\$) 25.00	Payee address; 1440 N. MAIN STREET	City FORT WORTH	State TX	Zip Code 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.)		
Date 12/20/21	Payee name LULAC #4568 COUNCIL			
Amount (\$) 100.00	Payee address;	City FORT WORTH	State TX	Zip Code 76121
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.)		
Date 12/23/21	Payee name ESPERANZA'S RESTAURANT			
Amount (\$) 285.05	Payee address; 2122 N. MAIN STREET	City FORT WORTH	State TX	Zip Code 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) GIFT/AWARDS EXPENSE	Description (See instructions regarding type of information required.) FIRST RESPONDERS		

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<b>1</b> Total pages Schedule I: <u>13</u>	<b>2</b> FILER NAME <u>CARLOS E. FLORES</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>12/24/21</u>	<b>5</b> Payee name <u>ESPERANZA'S RESTAURANT</u>			
<b>6</b> Amount (\$) <u>53.55</u>	<b>7</b> Payee address; <u>2122 N. MAIN STREET</u>	City <u>FORT WORTH</u>	State <u>TX</u>	Zip Code <u>76164</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <u>GIFT/AWARDS EXPENSE</u>	(b) Description (See instructions regarding type of information required.) <u>FIRST RESPONDERS</u>		
Date <u>12/29/21</u>	Payee name <u>IDEA PUBLIC SCHOOLS</u>			
Amount (\$) <u>44.00</u>	Payee address; <u>2115 W. PIKE BLVD.</u>	City <u>WESLACO..</u>	State <u>TX</u>	Zip Code <u>78596</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <u>CONTRIBUTIONS/DONATIONS</u>	Description (See instructions regarding type of information required.)		
Date <u>09/16/21</u>	Payee name <u>FAX PLUS APP</u>			
Amount (\$) <u>11.92</u>	Payee address; <u>ROUTE DE LA GALAISE 34</u>	City <u>GENEVA, SWITZERLAND</u>	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <u>FEES</u>	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

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