



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME CARLOS E. FLORES 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

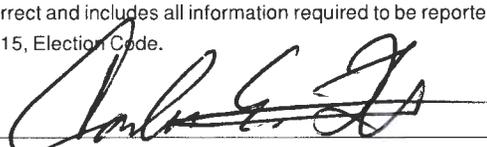
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16135.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1015.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11499.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15504.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Flores, this the 14 day of January, 20 19, to certify which, witness my hand and seal of office.

Stephanie Mills Signature of officer administering oath  
Stephanie Mills Printed name of officer administering oath  
notary Title of officer administering oath

# 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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13700. <sup>00</sup>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2435. <sup>83</sup>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11022. <sup>34</sup>
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 11980. <sup>14</sup>
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 477. <sup>34</sup>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2218. <sup>09</sup>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

07/18/18

5 Full name of contributor

H. DENNIS HOPKINS

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.<sup>00</sup>

6 Contributor address;

3014 PITKIN DR. ARLINGTON TX 76006

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

07/20/18

Full name of contributor

LAN - PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address;

2928 BRIAR PARK DR. HOUSTON TX 77042

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500.<sup>00</sup>

Contributor address;

P.O. BOX 17428 AUSTIN TX 78780

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTYS

Date

10/10/18

Full name of contributor

DON JURY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1500.<sup>00</sup>

Contributor address;

488 HALTOM RD FORTWORTH TX 76117

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/18

5 Full name of contributor

H. B. BAKER

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1500.00

6 Contributor address; City; State; Zip Code

121 E. EXCHANGE AVE. FORT WORTH TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

09/27/18

Full name of contributor

MICHAEL K. BERRY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6217 GENOA ROAD FORT WORTH TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

09/17/18

Full name of contributor

PAC - PACHECO KOCH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

7557 RAMBLER ROAD DALLAS TX 75231  
SUITE 1400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/18

Full name of contributor

BARNEY & ELIZABETH HOLLAND

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1301 THROCKMORTON ST. FORT WORTH TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/12/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN SMITH</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7736 FM 428 DENTON TX 76208</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTY</b>		9 Employer (See Instructions)
Date <b>09/12/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAMMER AND NAILS CLUB - CANDIDATE</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>100 E. 16TH STREET FORT WORTH TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/08/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS GAVRAS</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1301 THROCKMORTON ST FORT WORTH TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>ATTY</b>		Employer (See Instructions)
Date <b>09/12/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THELMA BOX</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>513 TURNER BLVD. GRAND PRAIRIE TX 75060</b>		
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LONGBOW CONSULTING PARTNERS LLC

6 Contributor address;

City; State; Zip Code

616 CONGRESS AVE AUSTIN TX 78701

7 Amount of contribution (\$)

250.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/12/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JD GRANGER

Contributor address;

City; State; Zip Code

4702 WASHBURN AVE. FORT WORTH TX 76107

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR

Employer (See Instructions)

Date

09/12/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAMS MEADOWS

Contributor address;

City; State; Zip Code

121 RIVERCREST DRIVE FORT WORTH TX 76107

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CAROLINE M. DULLE

Contributor address;

City; State; Zip Code

1217 CLOVER LN. FORT WORTH TX 76107

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

09/15/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SYLVIA FLORES

7 Amount of contribution (\$)

100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

1007 PARK AVENUE FORT WORTH TX 7164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUAN PEREZ

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

9105 CLIFFSIDE DR. CEDAR HILL TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

09/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARK PRESSWOOD

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

2940 MISTYS RUN FORT WORTH TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PRESIDENT

SELF

Date

09/12/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BOURLAND, WALL & WENZEL, P.C.

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

301 COMMERCE STREET FORT WORTH TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTYS.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/12/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BOB MADEJA</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 471285 FORT WORTH TX 76147</b>		
8 Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>09/12/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANAEL LUEBANOS CAMPAIGN</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3321 RYAN AVENUE FORT WORTH TX 76110</b>		
Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>		Employer (See Instructions)
Date <b>09/05/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD ABRAMS</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6145 WEDGEWOOD DRIVE FORT WORTH TX 76133</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELF</b>
Date <b>09/10/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANDRA MCGLOTHLIN</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5301 SUN VALLEY DRIVE FORT WORTH TX 76119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARCO FLORES

7 Amount of contribution (\$)

250.<sup>00</sup>

6 Contributor address; City; State; Zip Code

5033 CAMP BOWIE FORT WORTH TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

09/13/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALFRED SAENZ

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address; City; State; Zip Code

407 THRECKMORTON ST. FORT WORTH TX  
76102

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

SELF

Date

09/15/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PRETLOW RIDDICK

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

09/19/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

REED PIGMAN

Amount of contribution (\$)

1000.<sup>00</sup>

Contributor address; City; State; Zip Code

200 TEXAS WAY FORT WORTH TX 76106

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/18

5 Full name of contributor

JUSTIN LIGHT

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

6116 KENWICK AVE. FOOT WORTH TX 76116

8 Principal occupation / Job title (See Instructions)

ATTY

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 2em; margin-left: 100px;">1</span>	
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">CARLOS E. FLORES</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <span style="font-size: 1.2em; margin-left: 20px;">2435.83</span>	
5 Date <span style="font-size: 1.2em; margin-left: 20px;">09/12/18</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">CRANFORD EDWARDS</span>	8 Amount of Contribution \$ <span style="font-size: 1.2em; margin-left: 20px;">2435.83</span>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">1144 TERRACE TRAIL FORT WORTH TX 76053</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em; margin-left: 20px;">DIRECTOR</span>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em; margin-left: 20px;">SELF</span>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>07/18/18</i>	<b>5</b> Payee name <i>ROXSTAR MARKETING</i>
----------------------------------	---

<b>6</b> Amount (\$) <i>350.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. BOX 162253 FORT WORTH TX 76161</i>
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FEES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
---	--	---------------	------------------------------------

Date <i>07/19/18</i>	Payee name <i>MURPHY NASICA</i>
-------------------------	------------------------------------

Amount (\$) <i>1500.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>815-A BRAZOS FORT WORTH TX 78701</i>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	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 <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
--	--	---------------	------------------------------------

Date <i>08/17/18</i>	Payee name <i>RACHEL DELIRA</i>
-------------------------	------------------------------------

Amount (\$) <i>75.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>3208 RIVERLAKES DR. HURST TX 76053</i>
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	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 <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
--	--	---------------	------------------------------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>08/09/18</i>	<b>5</b> Payee name <i>MARIO PEREZ</i>	
<b>6</b> Amount (\$) <i>4650.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>5TH AVE FORT WORTH TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	
Date <i>08/13/18</i>	Payee name <i>THE KNIGHTS OF COLUMBUS COUNCIL #16258</i>	
Amount (\$) <i>100.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>4100 BLUE MOUND RD FORT WORTH TX 76106</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	
Date <i>08/15/18</i>	Payee name <i>MARIACHI ESPUELAS DE PLATA</i>	
Amount (\$) <i>150.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>FORT WORTH TX 76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>08/22/18</i>	<b>5</b> Payee name <i>RAFAEL</i>	
<b>6</b> Amount (\$) <i>100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>214 NW 20TH STREET FORT WORTH TX 76164</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	
Date <i>09/19/18</i>	Payee name <i>CARLOS E. FLORES</i>	
Amount (\$) <i>137.34</i>	Payee address; City; State; Zip Code <i>1415 CIRCLE PARK BLVD. FORT WORTH TX 76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT/REIMBURSEMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	
Date <i>08/17/18</i>	Payee name <i>ROXSTAR MARKETING</i>	
Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 162253 FORT WORTH TX 76161</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>08/20/18</i>	<b>5</b> Payee name <i>CARLOS E. FLORES</i>	
<b>6</b> Amount (\$) <i>300.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1415 CIRCLE PARK BLVD. FORT WORTH TX 76164</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT / REIMBURSEMENT</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought:      Office held: <i>CITY COUNCIL</i>	
Date <i>09/06/18</i>	Payee name <i>CARLOS E. FLORES</i>	
Amount (\$) <i>40.00</i>	Payee address; City; State; Zip Code <i>1415 CIRCLE PARK BLVD. FORT WORTH TX 76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT / REIMBURSEMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought:      Office held: <i>CITY COUNCIL</i>	
Date <i>08/06/18</i>	Payee name <i>MARIA HURTADO / ARNOLDO HURTADO</i>	
Amount (\$) <i>180.00</i>	Payee address; City; State; Zip Code <i>FORT WORTH TX 76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION / DONATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought:      Office held: <i>CITY COUNCIL</i>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>11</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/10/18</b>	5 Payee name <b>RACHEL DELIRA</b>
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6 Amount (\$) <b>85.00</b>	7 Payee address; City; State; Zip Code <b>3208 RIVERLAKES DR. HURST TX 76053</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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Date <b>09/10/18</b>	Payee name <b>ROXSTAR MARKETING</b>
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Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 162253 FORT WORTH TX 76161</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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Date <b>09/17/18</b>	Payee name <b>RACHEL DELIRA</b>
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Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>3208 RIVERLAKES DR. HURST, TX 76053</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/15/18</i>	<b>5</b> Payee name <i>RAMON ROMERO CAMPAIGN</i>	
<b>6</b> Amount (\$) <i>175.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. BOX 181 FORT WORTH TX 76101</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought:      Office held: <i>CITY COUNCIL</i>	
Date <i>11/28/18</i>	Payee name <i>ANAEL LUEBANOS CAMPAIGN</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>FORT WORTH TX 76101</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought:      Office held: <i>CITY COUNCIL</i>	
Date <i>11/19/18</i>	Payee name <i>TOBI JACKSON CAMPAIGN</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>FORT WORTH TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONTRIBUTION/DONATION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>10/10/18</i>	<b>5</b> Payee name <i>RACHEL DELIRA</i>
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<b>6</b> Amount (\$) <i>50.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3208 RIVERLAKES DR. HURST TX 76053</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
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Date <i>10/10/18</i>	Payee name <i>ROXSTAR MARKETING</i>
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Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 162253 FORT WORTH TX 76161</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
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Date <i>11/18/18</i>	Payee name <i>RACHEL DELIRA</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>3208 RIVERLAKES DR. HURST TX 76053</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought	Office held <i>CITY COUNCIL</i>
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/18/18</i>	<b>5</b> Payee name <i>RACHEL DELIRA</i>	
<b>6</b> Amount (\$) <i>65.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3208 RIVERLAKES DR. HURST TX 76052</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FEES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____      Office held: <i>CITY COUNCIL</i>	
Date <i>11/18/18</i>	Payee name <i>ROXSTAR MARKETING</i>	
Amount (\$) <i>350.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 162253 FORT WORTH TX 76161</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____      Office held: <i>CITY COUNCIL</i>	
Date <i>11/27/18</i>	Payee name <i>FACEBOOK PAYMENTS, INC</i>	
Amount (\$) <i>75.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____      Office held: <i>CITY COUNCIL</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/27/18</i>	<b>5</b> Payee name <i>FACEBOOK PAYMENTS, INC.</i>	
<b>6</b> Amount (\$) <i>50.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FEES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>11/27/18</i>	Payee name <i>FACEBOOK PAYMENTS, INC.</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	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 <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>12/06/18</i>	Payee name <i>RACHEL DELIRA</i>	
Amount (\$) <i>215.00</i>	Payee address; City; State; Zip Code <i>3208 RIVERLAKES DR. HURST TX 76053</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	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 <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>CARLOS E. FLORES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/07/18</b>	<b>5</b> Payee name <b>PAYMENT TO FB FUNDRAISER</b>	
<b>6</b> Amount (\$) <b>75.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FEES</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>

Date <b>12/11/18</b>	Payee name <b>ROXSTAR MARKETING</b>	
Amount (\$) <b>350.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 162253 FORT WORTH TX 76161</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</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>CITY COUNCIL</b>

Date <b>12/10/18</b>	Payee name <b>RACHEL DELIRA</b>	
Amount (\$) <b>125.00</b>	Payee address; City; State; Zip Code <b>3208 RIVERLAKES DR. HURST TX 76053</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</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>CITY COUNCIL</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/18/18</i>	<b>5</b> Payee name <i>ROXSTAR MARKETING</i>	
<b>6</b> Amount (\$) <i>350.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. BOX 162253 FORT WORTH TX 76161</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>FEES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: _____ Office held: <i>CITY COUNCIL</i>	
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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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
	<b>9</b> 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

### 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.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>CARLOS E. FLORES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>11980.<sup>44</sup></b>
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<b>5</b> Date <b>12/14/18</b>	<b>6</b> Payee name <b>MAIRA GALLEGOS</b>
----------------------------------	--

<b>7</b> Amount (\$) <b>44.<sup>24</sup></b>	<b>8</b> Payee address; City; State; Zip Code <b>FORT WORTH TX</b>
---	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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Date <b>12/14/18</b>	Payee name <b>MAIRA GALLEGOS</b>
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Amount (\$) <b>170.<sup>99</sup></b>	Payee address; City; State; Zip Code <b>FORT WORTH TX</b>
---	--

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>CARLOS E. FLORES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>11980.<sup>44</sup></b>
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<b>5</b> Date <b>06/19/17</b>	<b>6</b> Payee name <b>MURPHY NASICA</b>
----------------------------------	---

<b>7</b> Amount (\$) <b>6000.<sup>00</sup></b>	<b>8</b> Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
---	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FEES</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	--

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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Date <b>06/06/17</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>4919.<sup>95</sup></b>	Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
--	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought	Office held <b>CITY COUNCIL</b>
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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <u>3</u>	<b>2</b> FILER NAME <u>CARLOS E. FLORES</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <u>11980.44</u>
<b>5</b> Date <u>12/14/18</u>	<b>6</b> Payee name <u>MARIO PEREZ</u>	
<b>7</b> Amount (\$) <u>845.26</u>	<b>8</b> Payee address; City; State; Zip Code <u>5TH AVENUE FORT WORTH TX</u>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office sought <u>CITY COUNCIL</u>

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	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME CARLOS E. FLORES	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/20/18	<b>5</b> Payee name DIAMOND HILL JARVIS - SCHOOL SUPPLY DRIVE
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<b>6</b> Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1411 MAYDELL STREET FORT WORTH TX 76106
---	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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Date 09/06/18	Payee name JIMMY JOHNS
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Amount (\$) 40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 150 THROCKMORTON FORT WORTH TX 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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Date 09/19/18	Payee name ESPERANZA'S
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Amount (\$) 137.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2122 N. MAIN STREET FORT WORTH TX 76164
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/21/18</b>	5 Payee name <b>GIRLS INC. OF TARRANT COUNTY</b>		
6 Amount (\$) <b>50.00</b>	7 Payee address; City; State; Zip Code <b>1226 E. WEATHERFORD FORT WORTH TX 76102</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION / DONATION</b>	(b) Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>	
Date <b>09/21/18</b>	Payee name <b>NORTHSIDE HIGH LEGACY FOUNDATION</b>		
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TX</b>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION / DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>	
Date <b>09/21/18</b>	Payee name <b>FORT WORTH AVIATION MUSEUM</b>		
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>3300 ROSS AVENUE FORT WORTH TX 76164</b>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION / DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>	
Date <b>09/21/18</b>	Payee name <b>FORT WORTH HISPANIC CHAMBER OF COMMERCE</b>		
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>1327 N. MAIN STREET FORT WORTH TX 76164</b>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION / DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/25/18</b>	5 Payee name <b>DIAMOND HILL JARVIS HERITAGE FOUNDATION</b>
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6 Amount (\$) <b>300.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1411 MAYDELL STREET FORT WORTH TX 76106</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	(b) Description (See instructions regarding type of information required.) <b>GOLF TOURNAMENT HOLE SPONSOR</b>
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Date <b>09/21/18</b>	Payee name <b>READ FORT WORTH</b>
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Amount (\$) <b>50.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1500 N. MAIN STREET FORT WORTH TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>
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Date <b>09/21/18</b>	Payee name <b>BOYS &amp; GIRLS CLUBS OF GREATER FORT WORTH</b>
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Amount (\$) <b>50.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2000 ELLIS AVE FORT WORTH TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>
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Date <b>09/21/18</b>	Payee name <b>ALL SAINTS CATHOLIC SCHOOL</b>
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Amount (\$) <b>100.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2006 N. HOUSTON STREET FORT WORTH, TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>NORTH TEXAS GIVING DAY</b>
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:  <span style="font-size: 24pt;">5</span>	<b>2</b> FILER NAME  <span style="font-size: 18pt;">CARLOS E. FLORES</span>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <span style="font-size: 18pt;">10/31/18</span>	<b>5</b> Payee name  <span style="font-size: 18pt;">MAIRA GALLEGOS</span>	
<b>6</b> Amount (\$)  <span style="font-size: 18pt;">26.<sup>99</sup></span>	<b>7</b> Payee address; City; State; Zip Code  <span style="font-size: 18pt;">FORT WORTH TX</span>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)  <span style="font-size: 18pt;">LOAN REPAYMENT/REIMBURSEMENT</span>	<b>(b)</b> Description (See instructions regarding type of information required.)  <span style="font-size: 18pt;">BIG FROG-DIST. 2 POLO SHIRT</span>
Date  <span style="font-size: 18pt;">11/05/18</span>	Payee name  <span style="font-size: 18pt;">SONIA GOAOY</span>	
Amount (\$)  <span style="font-size: 18pt;">370.<sup>00</sup></span>	Payee address; City; State; Zip Code  <span style="font-size: 18pt;">FORT WORTH TX</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  <span style="font-size: 18pt;">CONTRIBUTION/DONATION</span>	Description (See instructions regarding type of information required.)  <span style="font-size: 18pt;">MARIACHI ESPUELAS DE PLATA SPONSOR</span>
Date  <span style="font-size: 18pt;">11/05/18</span>	Payee name  <span style="font-size: 18pt;">ALL SAINTS CATHOLIC SCHOOL</span>	
Amount (\$)  <span style="font-size: 18pt;">200.<sup>00</sup></span>	Payee address; City; State; Zip Code  <span style="font-size: 18pt;">2006 N. HOUSTON STREET FORT WORTH TX 76164</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  <span style="font-size: 18pt;">CONTRIBUTION/DONATION</span>	Description (See instructions regarding type of information required.)  <span style="font-size: 18pt;">TURKEY BINGO SPONSORSHIP</span>
Date  <span style="font-size: 18pt;">11/08/18</span>	Payee name  <span style="font-size: 18pt;">FORT WORTH POLICE ATHLETIC LEAGUE</span>	
Amount (\$)  <span style="font-size: 18pt;">100.<sup>00</sup></span>	Payee address; City; State; Zip Code  <span style="font-size: 18pt;">505 FELIX STREET FORT WORTH TX 76115</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  <span style="font-size: 18pt;">CONTRIBUTION/DONATION</span>	Description (See instructions regarding type of information required.)  <span style="font-size: 18pt;">SPONSORSHIP</span>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <p style="text-align: center; font-size: 24pt;">5</p>	<b>2</b> FILER NAME <p style="text-align: center; font-size: 18pt;">CARLOS E. FLORES</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align: center; font-size: 24pt;">10/15/18</p>	<b>5</b> Payee name <p style="text-align: center; font-size: 18pt;">COPS FOR KIDS</p>	
<b>6</b> Amount (\$) <p style="text-align: center; font-size: 24pt;">50.<sup>00</sup></p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align: center; font-size: 18pt;">2501 PARKVIEW DR. FORT WORTH TX 76102</p>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <p style="text-align: center; font-size: 18pt;">CONTRIBUTION / DONATION</p>	<b>(b)</b> Description (See instructions regarding type of information required.) <p style="text-align: center; font-size: 18pt;">FORT WORTH POLICE CHARITY</p>
	Date <p style="text-align: center; font-size: 24pt;">10/15/18</p>	
Payee name <p style="text-align: center; font-size: 18pt;">NORTHSIDE LEGACY FOUNDATION</p>		
Amount (\$) <p style="text-align: center; font-size: 24pt;">100.<sup>00</sup></p>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <p style="text-align: center; font-size: 18pt;">CONTRIBUTION / DONATION</p>	Description (See instructions regarding type of information required.) <p style="text-align: center; font-size: 18pt;">N.S. HIGH SCHOOL SCHOLARSHIPS</p>
	Date <p style="text-align: center; font-size: 24pt;">10/20/18</p>	
Payee name <p style="text-align: center; font-size: 18pt;">JUNTOS SE PUEDE</p>		
Amount (\$) <p style="text-align: center; font-size: 24pt;">200.<sup>00</sup></p>	Payee address; City; State; Zip Code <p style="text-align: center; font-size: 18pt;">2621 NW 29TH STREET FORT WORTH TX 76106</p>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <p style="text-align: center; font-size: 18pt;">DONATION / CONTRIBUTION</p>	Description (See instructions regarding type of information required.) <p style="text-align: center; font-size: 18pt;">CHARITY SPONSORSHIP</p>
	Date <p style="text-align: center; font-size: 24pt;">10/08/18</p>	
Payee name <p style="text-align: center; font-size: 18pt;">MAIRA GALLEGOS</p>		
Amount (\$) <p style="text-align: center; font-size: 24pt;">25.<sup>00</sup></p>	Payee address; City; State; Zip Code <p style="text-align: center; font-size: 18pt;">FORT WORTH TX</p>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <p style="text-align: center; font-size: 18pt;">LOAN REPAYMENT / REIMBURSEMENT</p>	Description (See instructions regarding type of information required.) <p style="text-align: center; font-size: 18pt;">DAY OF THE GIRL REGISTRATION</p>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>5</b>	<b>2</b> FILER NAME <b>CARLOS E. FLORES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>12/03/18</b>	<b>5</b> Payee name <b>MAIRA GALLEGOS</b>
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<b>6</b> Amount (\$) <b>116.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>FORT WORTH, TX</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>LOAN PAYMENT/REIMBURSEMENT</b>	(b) Description (See instructions regarding type of information required.) <b>REIMBURSEMENT FOR FOOD DONATIONS TO NS/DHS/TRIETHNIC CENTERS</b>
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Date <b>12/07/18</b>	Payee name <b>THE KNIGHTS OF COLUMBUS COUNCIL #16663</b>
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Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>214 NW 20TH ST. FORT WORTH TX 76164</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>ALL SAINTS GOLF TOURNAMENT SPONSOR</b>
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Date <b>12/19/18</b>	Payee name <b>NORTHSIDE SENIORS CENTER</b>
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Amount (\$) <b>80.00</b>	Payee address; City; State; Zip Code <b>1100 NW 18TH ST. FORT WORTH TX 76164</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>HOLIDAY FOOD DONATION</b>
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Date <b>12/31/18</b>	Payee name <b>NORTHSIDE COMMUNITY CENTER</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>1100 NW 18TH ST. FORT WORTH TX 76164</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>DJ DONATION</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED