

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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:

52

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

1415 CIRCLE PARK BLVD. FORT WORTH TX 76164

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

688-2347

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

THOMAS

NICKNAME

LAST

SUFFIX

BAINTER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

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

5529 SECCO DR. FTW TX 76179

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

365-3536

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

01 / 01 / 2017

THROUGH

Month Day Year

03 / 27 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 2

**GO TO PAGE 2**

# 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 50415.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 47838.69

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

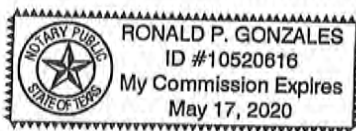
\$ 5755.04

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

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 E. Flores, this the 6th  
day of April, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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	\$ <i>50415.<sup>00</sup></i>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1000.<sup>00</sup></i>
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	\$ <i>47838.<sup>69</sup></i>
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>20427.<sup>45</sup></i>
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$ <i>1275.<sup>00</sup></i>
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:

19

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/30/17

5 Full name of contributor

SUSAN SMITH

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

1000.00

6 Contributor address;

7736 FM428

City; State;

DENTON TX

Zip Code

76208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/24/17

Full name of contributor

MACK SNEAD

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

508 W. NORTHSIDE DR.

City; State; Zip Code

FTW TX

76164

Principal occupation / Job title (See Instructions)

DENTIST

Employer (See Instructions)

SELF

Date

02/06/17

Full name of contributor

JOSE SOTO

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

3944 LONG MEADOW WAY

City; State; Zip Code

FTW TX

76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PROPERTY MANAGEMENT ASSOC.

Date

03/06/17

Full name of contributor

TEXAS PROGRESS FUND

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

BURNETT PLAZA STE 1600

City; State; Zip Code

FTW TX

76102

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/29/17

5 Full name of contributor

STEVE DELEON

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

7212 KAREN DRIVE FTW TX 76180

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/17

Full name of contributor

SERGIO DELEON

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

4521 DIAZ AVENUE FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/17

Full name of contributor

GREATER FT. WORTH ASSOCIATION OF REALTORS

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3000.00

Contributor address;

City; State; Zip Code

2650 PARKVIEW DR. FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/17

Full name of contributor

JUAN PEREZ

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

9108 CLIFFSIDE CEDARHILL TX 75104

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

02/06/17

PHILLIP & MARY POOLE

6 Contributor address;

City; State; Zip Code

3637 WATONGA ST. FTW TX 76107

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/31/17

MELISSA MITCHELL

Contributor address;

City; State; Zip Code

2429 ROGERS AVE FTW TX 76109

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

02/21/17

MERHDAD MOAYEDI

Contributor address;

City; State; Zip Code

1221 N. F35E STE. 200 CARROLTON TX 75006

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

03/14/17

JOVITA MOLINA

Contributor address;

City; State; Zip Code

2714 N. LORRAINE FTW TX 76106

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/18/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

RICHARD ABRAMS

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

6145 WEDGEWOOD FTW TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RNA FINANCIAL

Date

02/10/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DENNY ALEXANDER

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

4200 S. HULEN, STE. 617 FTW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PROJECT MANAGEMENT ASSOCIATES

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

EDWARD ANDREWS

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1013 SIENA DR. SOUTHLAKE TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PROJECT MANAGEMENT ASSOCIATES

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LARRY ANFIN

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

7020 CASTLE CREEK CT. FTW TX 76131

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FMR. PRES. OF COORS

COORS (FMR.)

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/17

5 Full name of contributor

ROBERT BASS

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

201 MAIN STREET, SUITE 3100 FTW TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

KEYSTONE GROUP

Date

01/30/17

Full name of contributor

MARLENE BECKMAN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2300 MEDFORD CT. EAST FTW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/17

Full name of contributor

ROBERT BENDA

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

951 WEST 7TH STREET FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

WESTWOOD CONTRACTORS, INC.

Date

02/13/17

Full name of contributor

MIKE BERRY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

60217 GENOA FTW TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

HILLWOOD

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/19/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

MIKE BLUBAUGH

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

2029 MAIN ST. SUITE 200 FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

KEYSTONE EXPLORATION

Date

03/08/17

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL V. BOURLAND

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

301 COMMERCE ST. FTW TX 76102  
SUITE 1500

Principal occupation / Job title (See Instructions)

PARTNER

Employer (See Instructions)

BOURLAND WALL & WENZEL

Date

03/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

E. DON & THELMA BOX

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

513 TURNER BLVD. GRAND PRARIE TX 75050

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES EDUARDO BRADY

Amount of contribution (\$)

65.00

Contributor address;

City;

State;

Zip Code

FTW TX

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LINEBARGER GOGGAN BLAIR & SAMPSON

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

01/27/17

EDUARDO CANAS

250.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1441 N. MAIN STREET FTW TX 76106

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

CANAS & FLORES

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/26/17

DAVID CHAPPEL

3000.<sup>00</sup>

Contributor address;

City; State; Zip Code

600 W 6TH STREET FTW TX 76102  
SUITE 300

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

CANTEY & HANGER, LLP

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

03/17/17

MAC CHURCHILL

500.<sup>00</sup>

Contributor address;

City; State; Zip Code

611 RIVERCREST DR. FTW TX 76107

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

MAC CHURCHILL

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

02/16/17

TRAVIS CLEGA

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

4026 VOLK COURT FTW TX 76244

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/09/17

5 Full name of contributor

JERRY CONATSER

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3000.00

6 Contributor address;

City; State; Zip Code

P.O. Box 15302

FTW

TX

76119

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

CONASTER CONSTRUCTION

Date

01/19/17

Full name of contributor

HAYDN CUTLER, JR.

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

8825 CAMP BOWIE

FTW

TX

76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

01/27/17

Full name of contributor

LUKE CRYE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

1720 COLLEGE AVE.

FTW

TX

76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/17

Full name of contributor

JEFF DAVIS

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2325 MISTLETOE DR.

FTW

TX

76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REPUBLIC TITLE

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

03/03/17

CONSERVATIVE VOTERS FORUM

6 Contributor address;

City; State; Zip Code

1144 TERRACE TRAIL FTW TX 76053

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

EDWARDS TRUST

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

02/25/17

A.M. & BEATRIZ ESPINOZA

Contributor address;

City; State; Zip Code

2720 NW 25TH STREET FTW TX 76106

100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

02/25/17

ANDREA ESPINOZA

Contributor address;

City; State; Zip Code

2720 NW 25TH STREET FTW TX 76106

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

WELLS FARGO

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

02/02/17

TIM FLEET

Contributor address;

City; State; Zip Code

3045 LACKLAND RD. FTW TX 76116

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FLEET OIL & GAS

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

BRAD GORRONDONA

7 Amount of contribution (\$)

1000.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

7524 Jack Newell Blvd. So. FTW TX 76118

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/27/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ALEX GUEVARA

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

City; State; Zip Code

1217 Grand Ave FTW TX 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

GARY HAVENER

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 121976 FTW TX 76121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/17/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CATHY HERNANDEZ

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

7123 ROTHLAND ST DALLAS TX 75227

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

02/16/17

ARMAND HERNANDEZ

100.00

6 Contributor address;

City; State; Zip Code

1401 GRAND AVE.

FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

03/03/17

BRAD HICKMAN

200.00

Contributor address;

City; State; Zip Code

6777 Camp Bowie Blvd FTW TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

02/18/17

PAUL & MELISSA WADE

500.00

Contributor address;

City; State; Zip Code

P.O. BOX 470243 FTW TX 76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/30/17

ELVA CONCHA LEB

150.00

Contributor address;

City; State; Zip Code

1512 Rivercrest FTW TX 76167

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

02/06/17

VIRGINIA M. LEONARD

250.00

6 Contributor address;

City; State; Zip Code

P.O. Box 1718

FTW TX 76101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/31/17

GLENN LEWIS

2500.00

Contributor address;

City; State; Zip Code

100 Throckmorton St 300 FTW TX 76102

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/30/17

MALCOM G. LOUDEN

5000.00

Contributor address;

City; State; Zip Code

709 AHA Dr

FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/30/17

JAMES LUCAS

200.00

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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT W. BRASHEAR

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

9616 LEASIDE DRIVE DALLAS TX 75238

8 Principal occupation / Job title (See Instructions)

ASSOCIATE

9 Employer (See Instructions)

CDM SMITH

Date

02/04/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ROSS CALHOUN

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3709 SANTIAGO COURT IRVING TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CENTURION AMERICAN

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LUIS GALINDO

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

GOOD GOVERNMENT FUND

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

201 N. MAIN ST. FTW TX 76102

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/17

5 Full name of contributor

BRIAN RANDOLPH

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

2000.00

6 Contributor address;

City; State; Zip Code

2650 MECHAM BLVD FTW TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/22/17

Full name of contributor

WARREN & STACEY RIDDICK

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3413 BRYN MAWR DR. DALLAS TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/17

Full name of contributor

ALFRED SAENZ

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3821 WEST 7TH ST FTW TX 76107  
SUITE 400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MULTATECH

Date

02/03/17

Full name of contributor

BOB PENCE-FREESE & NICHOLS PAC

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4056 INTERNATIONAL  
PLAZA STE. 200 FTW TX 76109

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES DAVID & JERRE TRACY

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2735 COLONIAL PKWAY FTW TX

76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/17

Full name of contributor

☐ out-of-state PAC (ID#:

MATTHEW VRUSNIK

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5422 MONTICELLO DALLAS TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARY ANN WILEY

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3017 PHOENIX DR. FTW TX 76116

Principal occupation / Job title (See Instructions)

DENTAL ASSISTANT

Employer (See Instructions)

DR. MACK SIVEAD

Date

02/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

LETICIA RODRIGUEZ

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

8004 MOSS ROCK DR. FTW TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY OF FORT WORTH

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

02/26/17

STEVE MURRIN

250.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

500 N.E. 23RD

FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

02/12/17

CARMEN & HERMAN NIESWADOMY

250.<sup>00</sup>

Contributor address;

City; State; Zip Code

2015 ROBERTS  
CUT OFF RD.

FTW TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

01/23/17

NEFTALI ORTIZ

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

3900 BAMBERG LN.

KELLER TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ENGINEER

LM AERO

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/17/17

JOE PANIAGUA

250.<sup>00</sup>

Contributor address;

City; State; Zip Code

8125 MOUNT SHASTA FTW TX 76137  
CIRCLE

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/06/17

5 Full name of contributor

JOHN AUGHINBAUGH

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

4710 DEXTER FTW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/19/17

Full name of contributor

LOUIS BARRON

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2075 OTTINGER KELLER TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/17

Full name of contributor

REED PIGMAN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

200 TEXASWAY FTW TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/17

Full name of contributor

CHRIS POWERS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3005 PRESTON HOLLOW RD. FTW TX 76107

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/19/17

5 Full name of contributor

MICHAEL FLORES

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

324 GRAND MEADOW DR. FTW TX 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/01/17

Full name of contributor

GRACIELA FLORES

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

1413 CIRCLE PK. BLVD. FTW TX 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/17

Full name of contributor

TOM GALBREATH

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

550 BAILEY AVE FTW TX 76107  
STE #400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/17

Full name of contributor

CHRIS APPLEQUIST

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2800 ROUTH STREET DALLAS TX 75201  
STE. 218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

DEVELOPMENT

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:

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/19/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

JESSE MARTINEZ

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4262 CADIZ DR. FTW TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/06/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

FRAN MCCARTHY

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1208 W. MAGNOLIA STE. 212 FTW TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT McLEAN

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

226 BAILEY FTW TX 76107

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: <b>1</b>	
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1000.00</b>	
5 Date <b>03/23/17</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIM RISKY</b>	8 Amount of Contribution \$ <b>1000.00</b>	9 In-kind contribution description <b>FOOD/BEVERAGE</b>
7 Contributor address; City; State; Zip Code <b>2314 AZULE AVE. FTW TX 76106</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>OWNER</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>RISKY'S BBQ</b>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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  
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>24</b>		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/03/17</b>		5 Payee name <b>DANIEL SANCHEZ</b>			
6 Amount (\$) <b>600.00</b>		7 Payee address; City; State; Zip Code <b>2106 MANSFIELD TX 76063 CANCUN DRIVE</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</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	
9 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>01/03/17</b>		Payee name <b>RACHEL DELIRA</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>3208 RIVERLAKE DRIVE HURST TX 76053</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PHOTOGRAPHY</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>01/23/17</b>		Payee name <b>FRED'S TEXAS NORTH</b>			
Amount (\$) <b>400.00</b>		Payee address; City; State; Zip Code <b>2730 WESTERN FTW TX 76131 CENTER BLVD.</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>EVENT 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>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  
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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/23/17		<b>5</b> Payee name FRED'S TEXAS CAFE NORTH			
<b>6</b> Amount (\$) 361.48		<b>7</b> Payee address; City; State; Zip Code 2730 WESTERN FTW TX 76131 CENTER BLVD			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  FOOD/BEVERAGE		<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 CARLOS E. FLORES		Office sought CITY COUNCIL	Office held
Date 01/24/17		Payee name RACHEL DELIRA			
Amount (\$) 150.00		Payee address; City; State; Zip Code 3208 RIVERLAKE DRIVE FURST TX 76053			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  PHOTOGRAPHY		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 CARLOS E. FLORES		Office sought CITY COUNCIL	Office held
Date 01/23/17		Payee name TOM BAINTER FOR FRED'S TEXAS NORTH			
Amount (\$) 72.00		Payee address; City; State; Zip Code 5529 SECCO DR. FTW TX 76179			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  GRATUITY		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 CARLOS E. FLORES		Office sought CITY COUNCIL	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  
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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/03/17</b>		5 Payee name <b>DANIEL SANCHEZ</b>			
6 Amount (\$) <b>600.00</b>		7 Payee address; City; State; Zip Code <b>2106 CANCUN FTW TX 76063 DRIVE</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</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	
9 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>02/03/17</b>		Payee name <b>ALEJANDRA ROMERO</b>			
Amount (\$) <b>30.00</b>		Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR. FTW TX 76014</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>02/03/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>30.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE FTW TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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  
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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/11/17</b>		5 Payee name <b>DANIEL RODRIGUEZ</b>			
6 Amount (\$) <b>40.00</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>02/11/17</b>		Payee name <b>ALEJANDRA ROMERO</b>			
Amount (\$) <b>135.00</b>		Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR FTW TX 76014</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>02/11/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>70.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME CARLOS E. FLORES		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/11/17		<b>5</b> Payee name DANIEL SANCHEZ			
<b>6</b> Amount (\$) 49.82		<b>7</b> Payee address; City; State; Zip Code 2106 MANSFIELD TX 76063 CANCUIN DRIVE			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		<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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 02/11/17		Payee name MARISSA SANCHEZ			
Amount (\$) 80.00		Payee address; City; State; Zip Code 5177 BRITTON RIDGE FTW TX 76179 LANE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		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 CITY COUNCIL	
Date 02/18/17		Payee name ALEJANDRA ROMERO			
Amount (\$) 55.00		Payee address; City; State; Zip Code 2806 SHENANDOAH DR FTW TX 76014			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		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 CITY COUNCIL	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/18/17</b>		5 Payee name <b>RACHEL DELIRA</b>			
6 Amount (\$) <b>75.00</b>		7 Payee address; City; State; Zip Code <b>3208 RIVERLAKE DRIVE HURST TX 76053</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PHOTOGRAPHY</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	
9 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>02/18/17</b>		Payee name <b>CHRISTIAN OLIVAS</b>			
Amount (\$) <b>40.00</b>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>02/18/17</b>		Payee name <b>MARISSA SANCHEZ</b>			
Amount (\$) <b>47.50</b>		Payee address; City; State; Zip Code <b>5177 BRITTON RIDGE LAKE FTW TX 76179</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/25/17</b>		5 Payee name <b>MARISSA SANCHEZ</b>			
6 Amount (\$) <b>35.00</b>		7 Payee address; City; State; Zip Code <b>5177 BRITTON RIDGE LANE FTW TX 76179</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>02/25/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>45.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>02/27/17</b>		Payee name <b>DANIEL SANCHEZ</b>			
Amount (\$) <b>600.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>CONSULTING</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 02/27/17		5 Payee name GTG PRINTING			
6 Amount (\$) 658.46		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 02/28/17		Payee name U.S. POST MASTER			
Amount (\$) 243.72		Payee address; City; State; Zip Code 4600 MARK IV PARKWAY FTW TX 76161			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) POSTAGE PERMIT		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 CITY COUNCIL	
Date 02/03/17		Payee name ZIP PRINT CENTER			
Amount (\$) 1868.40		Payee address; City; State; Zip Code 901 HOUSTON ST. FTW TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		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 CITY COUNCIL	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/04/17</b>		5 Payee name <b>RACHEL DELIRA</b>			
6 Amount (\$) <b>200.00</b>		7 Payee address; City; State; Zip Code <b>3208 RIVERDRIVE HURST TX 76053</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PHOTOGRAPHY</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	
9 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>03/06/17</b>		Payee name <b>DANIEL SANCHEZ</b>			
Amount (\$) <b>40.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</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>03/04/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>130.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/11/17</b>		5 Payee name <b>MARISSA SANCHEZ</b>			
6 Amount (\$) <b>100.00</b>		7 Payee address; City; State; Zip Code <b>5177 BRITTON RIDGE LANE FTW TX 76179</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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> Office held	
Date <b>03/11/17</b>		Payee name <b>DANIEL SANCHEZ</b>			
Amount (\$) <b>20.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</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>CITY COUNCIL</b> Office held	
Date <b>03/18/17</b>		Payee name <b>DANIEL SANCHEZ</b>			
Amount (\$) <b>85.33</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING FOOD 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>CITY COUNCIL</b> Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/18/17</b>		5 Payee name <b>ELIZABETH SANCHEZ</b>			
6 Amount (\$) <b>60.00</b>		7 Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE TRANSFIELD TX 76063</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>03/18/17</b>		Payee name <b>ALEJANDRA ROMERO</b>			
Amount (\$) <b>35.00</b>		Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR. FTW TX 76014</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>03/11/17</b>		Payee name <b>ALEJANDRA ROMERO</b>			
Amount (\$) <b>40.00</b>		Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR. FTW TX 76014</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/17/17</b>		5 Payee name <b>MULHOLLAND IMPRINTS</b>			
6 Amount (\$) <b>30.00</b>		7 Payee address; City; State; Zip Code <b>1332 N. MAIN ST. FTW TX 76164</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</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	
9 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>03/04/17</b>		Payee name <b>HEAVEN'S GATE RESTAURANT</b>			
Amount (\$) <b>1853.85</b>		Payee address; City; State; Zip Code <b>3820 N. MAIN ST. FORT WORTH TX 76106</b>			
<b>PURPOSE OF EXPENDITURE</b>		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 <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>03/24/17</b>		Payee name <b>KALULE KABUTA</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>5225 BRECHMAN AVE FTW TX 76107 APT 129</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/25/17</b>		5 Payee name <b>ALEJANDRA ROMERO</b>			
6 Amount (\$) <b>45.50</b>		7 Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR. FTW TX 76014</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>03/27/17</b>		Payee name <b>DANIEL SANCHEZ</b>			
Amount (\$) <b>300.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>CONSULTING</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		Office sought	
Date <b>03/24/17</b>		Payee name <b>MICHAEL EVANS</b>			
Amount (\$) <b>132.00</b>		Payee address; City; State; Zip Code <b>5052 LAKE ARLINGTON RD. FTW TX 76119 LOT 134</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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  
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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/25/17</b>		5 Payee name <b>MARTIN HURTADO</b>			
6 Amount (\$) <b>69.00</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>03/25/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>69.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE FTW TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>03/24/17</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>159.67</b>		Payee address; City; State; Zip Code <b>401 CARROLL STREET FTW TX 76107</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PRINTING</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		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  
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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/16/17</b>		5 Payee name <b>DANIEL G. RODRIGUEZ</b>			
6 Amount (\$) <b>105.<sup>00</sup></b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>03/15/17</b>		Payee name <b>Daniel Sanchez</b>			
Amount (\$) <b>20.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>2106 Canaan Drive Mansfield TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Map</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>2/15/17</b>		Payee name <b>Murphy Nasica</b>			
Amount (\$) <b>2,716.<sup>99</sup></b>		Payee address; City; State; Zip Code <b>815-A Brazos St. Ste 304, Austin, TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing and Postage</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/10/17</b>		5 Payee name <b>MARISSA SANCHEZ</b>			
6 Amount (\$) <b>60.00</b>		7 Payee address; City; State; Zip Code <b>5177 BRITTON RIDGE LANE FTW TX 76179</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>02/25/17</b>		Payee name <b>ALEJANDRA ROMERO</b>			
Amount (\$) <b>45.00</b>		Payee address; City; State; Zip Code <b>2806 STENANDDAH DR. FTW TX 76014</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>03/11/17</b>		Payee name <b>ELIZABETH SANCHEZ</b>			
Amount (\$) <b>30.00</b>		Payee address; City; State; Zip Code <b>2106 CANCUN DRIVE MANSFIELD TX 76063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/18/17</b>		5 Payee name <b>ALEJANDRA ROMERO</b>			
6 Amount (\$) <b>60.00</b>		7 Payee address; City; State; Zip Code <b>2806 SHENANDOAH DR. FTW TX 76014</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>WAGES</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	
9 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>03/14/17</b>		Payee name <b>PAINTER COMMUNICATIONS SERVICES</b>			
Amount (\$) <b>2068.00</b>		Payee address; City; State; Zip Code <b>4413 NORTHSIDE PARKWAY ATLANTA, GA 30327 NW #146</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>POLLING</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>03/18/17</b>		Payee name <b>RACHEL DELIRA</b>			
Amount (\$) <b>150.00</b>		Payee address; City; State; Zip Code <b>3208 RIVERLAKE DRIVE Hurst TX 76053</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>PHOTOGRAPHY</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>02/03/17</i>		<b>5</b> Payee name <i>MARISSA SANCHEZ</i>			
<b>6</b> Amount (\$) <i>50.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>5177 BRITTON RIDGE LANE FTW TX 76179</i>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</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>02/03/17</i>		Payee name <i>REBECCA ORNELAS</i>			
Amount (\$) <i>40.00</i>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>WAGES</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>02/03/17</i>		Payee name <i>REBECCA ORNELAS</i>			
Amount (\$) <i>40.00</i>		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>WAGES</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Contributions 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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/15/17</i>		5 Payee name <i>Murphy Nasica</i>			
6 Amount (\$) <i>2,716.<sup>99</sup></i>		7 Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing &amp; Postage</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	
9 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>2/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>368.<sup>21</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste. 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Printing</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>2/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>564.<sup>19</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Printing</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-20-17</i>		5 Payee name <i>Roxstar Marketing</i>			
6 Amount (\$) <i>720.-</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 162253 Ft. Worth, TX 76161</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Marketing &amp; Advertising</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	
9 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>2/15/17</i>		Payee name <i>Roxstar Marketing</i>			
Amount (\$) <i>350.-</i>		Payee address; City; State; Zip Code <i>P.O. Box 162253 Ft. Worth TX 76161</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Marketing &amp; Advertising</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>3-15-17</i>		Payee name <i>Roxstar Marketing</i>			
Amount (\$) <i>450.-</i>		Payee address; City; State; Zip Code <i>P.O. Box 162253 Ft. Worth, TX 76161</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Marketing &amp; Advertising</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>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/15/17</i>		5 Payee name <i>Murphy Nasica</i>			
6 Amount (\$) <i>3,247.<sup>50</sup></i>		7 Payee address, City; State; Zip Code <i>815-A Brazos St Ste 304, Austin, TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing</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	
9 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>3/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>1,500.-</i>		Payee address; City; State; Zip Code <i>815-A Brazos St Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Wages</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>3/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>1,895.<sup>96</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Travel in District</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  
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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/15/17</i>		5 Payee name <i>Murphy Nasica</i>			
6 Amount (\$) <i>9,102.<sup>36</sup></i>		7 Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>training, Consulting Expense</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	
9 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> Office held	
Date <i>2/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>500.-</i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304 Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Consulting</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> Office held	
Date <i>2/9/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>135.<sup>92</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Sign</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> Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/15/17</i>		5 Payee name <i>Murphy Nasica</i>			
6 Amount (\$) <i>368.<sup>27</sup></i>		7 Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing</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	
9 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>2/15/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>564.<sup>19</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Printing</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>2/02/17</i>		Payee name <i>Murphy Nasica</i>			
Amount (\$) <i>2,500.<sup>-</sup></i>		Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304, Austin, TX 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Fee</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  
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:		2 FILER NAME <i>Carlos E. Flores</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/7/17</i>		5 Payee name <i>Murphy Nasicca</i>			
6 Amount (\$) <i>7,114.<sup>32</sup></i>		7 Payee address; City; State; Zip Code <i>815-A Brazos St. Ste 304 Austin, TX 78701</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Printing &amp; Postage</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	
9 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>3-25-17</i>		Payee name <i>Daniel Sanchez</i>			
Amount (\$) <i>\$300.</i>		Payee address; City; State; Zip Code <i>2106 Cancun Drive Mansfield, TX 76063</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Consulting</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>02/03/17</i>		Payee name <i>MARISSA SANCHEZ</i>			
Amount (\$) <i>50.00</i>		Payee address; City; State; Zip Code <i>5177 BRITTON FTW TX 76179 RIDGE LANE</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>WAGES</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					

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F2: 3 2 FILER NAME Carlos E. Flores 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date 02/13/17 6 Payee name Murphy Nasica

7 Amount (\$) 198.75 8 Payee address; City; State; Zip Code 815-A Brazos Ste. 304 Austin, TX 78701

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PRINTING (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Carlos E. Flores Office sought City Council Office held

Date 03/01/17 Payee name Murphy Nasica

Amount (\$) 1000.00 Payee address; City; State; Zip Code 815-A Brazos Ste. 304 Austin, TX 78701

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) CONSULTING Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Carlos E. Flores Office sought City Council Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F2: 3		2 FILER NAME Carlos E. Flores		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 03/01/17		6 Payee name Murphy Nasica			
7 Amount (\$) 10,450. <sup>01</sup>		8 Payee address; City; State; Zip Code 815-A Brazos Ste. 304 Austin, TX 78701			
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) CONSULTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Carlos E. Flores		Office sought City Council	
Date 03/01/17		Payee name Murphy Nasica			
Amount (\$) 2,900. <sup>00</sup>		Payee address; City; State; Zip Code 815-A Brazos Ste. 304 Austin, TX 78701			
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) PHOTOGRAPHY		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 City Council	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F2: 3 2 FILER NAME Carlos E. Flores 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

\$

5 Date  
03/02/17

6 Payee name  
Murphy Nasica

7 Amount (\$)  
5,314.<sup>50</sup>

8 Payee address; City; State; Zip Code  
815-A Brazos Ste. 304 Austin TX 78701

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

PRINTING

(b) Description



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Carlos E. Flores

City Council

Date  
03/09/17

Payee name  
Murphy Nasica

Amount (\$)  
564.<sup>19</sup>

Payee address; City; State; Zip Code  
815-A Brazos Ste. 304 Austin, TX 78701

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

PRINTING

Description



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Carlos E. Flores

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>1</b>		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/06/17</b>		5 Payee name <b>ALL SAINTS CATHOLIC SCHOOL c/o ROTR</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>2006 N. HOUSTON FTW TX 76164</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION</b>		(b) Description (See instructions regarding type of information required.) <b>CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE</b>	
Date <b>03/18/17</b>		Payee name <b>SABINE JARVIS</b>			
Amount (\$) <b>300.00</b>		Payee address; City; State; Zip Code <b>3604 SWHARTZ AVE. FTW TX 76106</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION</b>		Description (See instructions regarding type of information required.) <b>CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE</b>	
Date <b>03/22/17</b>		Payee name <b>CESAR CHAVEZ COMMITTEE</b>			
Amount (\$) <b>125.00</b>		Payee address; City; State; Zip Code <b>2203 W. GREENSPPOINT CT. ARLINGTON TX 76001</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION</b>		Description (See instructions regarding type of information required.) <b>CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE</b>	
Date <b>01/07/17</b>		Payee name <b>ALL SAINTS - ACTS</b>			
Amount (\$) <b>350.00</b>		Payee address; City; State; Zip Code <b>2006 N. HOUSTON FTW TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION</b>		Description (See instructions regarding type of information required.) <b>CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE</b>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

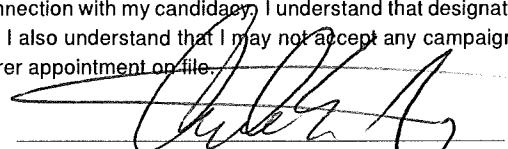
**1 C/OH NAME**

*CARLOS E. FLORES*

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

.. Complete A & B below *only* if you are not an officeholder. ..

**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder