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 (Etnics Commission Filers)	2 Total pages filed: 52
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR) FIRST CARLOS NICKNAME LAST FLORES	MI E SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	1415 CIRCLE PARK BLVD. J	CITY; STATE; ZIP CODE FORT WORTH TX 76164	RECEIVED  AFT  CITY OF FORT WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-234	extension +7	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST THOMAS NICKNAME LAST BAINTER	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  5529 SECCO DR.	SUITE #; CITY: STATE; FTW TX	76 179
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (682) 365-3536	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2017	THROUGH 03/	Day Year 27/2017
11 ELECTION	ELECTION DATE  Month Day Year ☐ Primary  05/06/2017 ☐ General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II known)  CITY COUNC	CIL DISTRICT Z
	до то	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)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- UDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE W CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH TURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 5647		\$ 50415.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES \$ 47838 · 5		\$ 47838 . 69
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 47838 · 69  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* —
1/2/2019	RONALD P. GONZA ID #10520616 My Commission Exp May 17, 2020	true and correct and includes all info under Title 15, Election Code.  Signature of Cand	erjury, that the accompanying report is rmation required to be reported by me didate or officeholder
day of April	10	to certify which, witness my hand and seal of office.	Noting
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME  CARLOS E, FLORES  20 Filer ID (Ethics Con			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50415.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION:	S	\$ 1000.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 47838'69 \$ 20427.45		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 20427.45		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1275.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS F. FLORES 4 Date 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_ 01/30/17 SUSAN SMITTH 6 Contributor address; City; State; Zip Code 7736 FM428 DENTON TX 76208 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date 02/24/17 Contributor address; SOS W. NORTHSIDE DR. FW TX 76/64 Amount of contribution (\$) 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF DENTIST Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) JOSE SOTO Contributor address; City; State; Zip Code 3944 LONG MEADOW FTW TX 76133 WAY 200.00 Employer (See Instructions) PROPENTY MANAGEMENT ASSOC. Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 03/06/17 TEXAS PROGRESS' FUND Contributor address; City; State; Zip Code BURNETT PLAZA DTI, TX ZII 1000.00 FTW TX 76102 STE 1600 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 7 Amount of contribution (\$) 5 TEVE DELEON 01/29/17 6 Contributor address; City; State; Zip Code 7 2/2 KAREN DRIVE FTW TX 76/80 150,00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) SERGIO DELEON 03/23/17 Contributor address; City; State; Zip Code 4521 DIAZ AVENUE T-TW TX 76107 150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) GREATER FT. WORTH A SSOCIATION OF REALTORS Contributor address; City; State; Zip Code 3000-00 2650 PARKVIEW DR. PTW TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#:\_ Amount of contribution (\$) JUAN PEREZ 01/31/17 Contributor address; City; State; Zip Code 9108 CLIFFSIDE CEDARHILL TX 75104 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 02/06/17 6 Contributor address; City; State; Zip Code 3637 WATONGA ST. FTW TX 76107 150.00 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) MELISSA MITCHELL 01/31/17 Contributor address; City; State; Zip Code 2429 ROSERS AVE FTW TX 76109 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) MERHDAD MOAYEDI 02/21/17 Contributor address; City; State; Zip Code 1221 N. ISSE STE. 200 CARROLTON TX 75006 1000,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_\_) Date Amount of contribution (\$) 53/14/17 State; Zip Code 50.00 2714 N. LORRAINE FTW TX 76106 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 CONT	RIBUTIONS	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 5 Full name of contributor out-of-state  RICHARD ABRAMS 6 Contributor address; City; S  6/45 WEDGEWOOD FTW	PAC (ID#:)  State; Zip Code  7X 76133	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruction RNA FINAN	
	PAC (ID#:)	Amount of contribution (\$)
DENNY ALEXANDER  Contributor address; City; S  4200 S. HULEN, STE. 617 FTW	State; Zip Code 7 TX 76109	250.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct PROJECT MA	ions) NAGEMENT ASSOCIATES
Date Full name of contributor □ out-of-state	PAC (ID#:)	Amount of contribution (\$)
02/06/17 EDWARD ANDREWS  Contributor address; City; S  1013 SIENA DR. SOUTHLA	State; Zip Code	250.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct PROTECT M.	ions) ANAGEMENT ASSOCIATES
I ARRY ANFIN	PAC (ID#:)	Amount of contribution (\$)
2/0//12/	State; Zip Code TX 76131	150.00
Principal occupation / Job title (See Instructions)	Employer (See Instruct	
FMR. PRES. OF COORS	COORS (	FMR.)
ATTACH ADDITIONAL COPIE  If contributor is out-of-state PAC, please see i		

MONE <sup>-</sup>	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CARIOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/17	5 Full name of contributor   out-of-state PAC (ID#:)  ROBERT BASS  6 Contributor address; City; State; Zip Code  201 MAIN STREET, SUITE 3100 FTW TX 76102	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9	•
Date	Full name of contributor	Amount of contribution (\$)
01/30/17	Contributor address; City; State; Zip Code 2300 MEDFORD CT. EAST FTW TX 76109	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	lions)
Date	Full name of contributor	Amount of contribution (\$)
03/20/17	ROBERT BENDA  Contributor address; City; State; Zip Code  951 WEST 7 <sup>TH</sup> STREET FTW TX 76102	250.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)  WESTWOOD	tions) CONTRACTORS, INC.
Date	Full name of contributor	Amount of contribution (\$)
02/13/17	Contributor address; City; State; Zip Code 6217 GENOA FTW TX 76/16	500.00
Principal occup	Employer (See Instructions)  Employer (See Instructions)  HILWOOD	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	

MONE	TARY POLITICAL CONTRI	BUTIONS	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 PACE  M/KE BLUBAUGH  6 Contributor address; City; State  2029 MAIN ST. SUITE 200 FTU	; Zip Code	7 Amount of contribution (\$)  500 - 00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions) EXPLORATION
Date	Full name of contributor out-of-state PAC MICHAEL V, BOURLAND	(ID#:)	Amount of contribution (\$)
03/08/17	MICHAEL V. BOURLAND  Contributor address; City; State  301 COMMERCE ST. FTW TX  SUITE 1500	; Zip Code 76/02	250.00
•	ation / Job title (See Instructions)  RTNER	Employer (See Instruct	ions) NALL ZWENZEL
Date 03/30/17	Full name of contributor   cut-of-state PAC E. DON & THEMA BOX Contributor address; City; State; 513 TURNER BLVD. GRAND PRARIE		Amount of contribution (\$)  250 ° ©
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/06 /17	Full name of contributor □ out-of-state PAC  CHARLES EDUARDO BRADY  Contributor address; City; State;  FTW TX		Amount of contribution (\$)
Principal occup	ATTORNEY	Employer (See Instruct	ions) L GOGGAN BLAIR & SAMPSON
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ O1/27/17 EDUARDO CANAS 6 Contributor address; City; State; Zip Code 1441 N. MAIN STREET FTW TX 76106 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) CANAS & FLORES ATTORNEY Date Full name of contributor DAVID CHAPPEL Contributor address; City; State; Zip Code 600 W 671f STREET FTW TX 76102 Amount of contribution (\$) 3000.00 SUITE 300 Principal occupation / Job title (See Instructions) Employer (See Instructions) CANTEY & HANGER, LLP ATTORNEY Date Amount of contribution (\$) MAC CHURCHILL 63/17/17 Contributor address; City; State; Zip Code 611 RIVERCLEST DR. FTW TX 76107 500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) MAE CHURCHILL OWNER Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) TRAVIS CLEGG Contributor address; City; State; Zip Code 4026 VOLK COURT Er., or 1,-02/16/17 100.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#: JERRY CONATSER 03/09/17 6 Contributor address; City; State; Zip Code P.O. Box 15302 FTW TX 76 3000.00 76119 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) CONASTER CONSTRUCTION OWNER out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) HAYDN CUTLER, JR. Contributor address; City; State; Zip Code 8825 CAMP BOWIE FW TX 76107 2500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF Date Full name of School LUKE CRYE Contributor address; City; State; Zip Code 2017 CAE AI/E. FTW TX 76 110 Amount of contribution (\$) 200,00 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Date 02/02/17 JEFF DAVIS Contributor address; City; State; Zip Code 2325 MISTLETOE DR. FTW TX 76109 500.00 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) CONSERVATIVE VOTERS FORUM 6 Contributor address; City; State; Zip Code 1144 TERRACE TRAIL FW 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#: A.M. & BEATRIZE ESPINOZA Contributor address; City; State; Zip Code 27 20 NW 25TH STREET FTW TX 7 HOL Amount of contribution (\$) 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) RETIREA Amount of contribution (\$) 02/25/17 ANDREA ESPINOZA Contributor address; City; State; Zip Code 100.00 2720 NW 25TH STREET FTW TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) WELLS FARGO out-of-state PAC (ID#:\_\_\_\_\_) Date Amount of contribution (\$) Date Full name of contributor. TIM FLEET Contributor address; City; State; Zip Code 3045 LACKLAND RD. FTW TX 76116 2500,00 Employer (See Instructions) FLEET OIL & GAS Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 5 Full name of contributor \_\_ out-of-state PAC (ID#:\_ 4 Date 7 Amount of contribution (\$) BRAD GORRONDONA 6 Contributor address; City; State; Zip Code 1000.00 01/30/17 7524 Jack Newell Blvd. So. FTW TX 76118 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Date ALEX GUEVARA 01/27/17 Contributor address; City; State; Zip Code 1217 Grand Ave FTW TX 74164 out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 500 0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor GARY HAVENER Contributor address; City; State; Zip Code P.O. BOX 12 19 76 FTW TX 76121 Amount of contribution (\$) 250.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) OI/17/17 CATHY HERNANDEZ Contributor address; City; State; Zip Code 7123 ROTHLAND ST DALLAS TX 75227 100.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 02/16/17 ARMAND HERNANDEZ 6 Contributor address; City; State; Zip Code 1401 GRAND AVE. FW TX 76164 100.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 03/03/17 BRAD HICKMAN Contributor address; City; State; Zip Code 6777 Camp Bowie Blvd FTW TX 76116 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 02/18/17 PAUL & MELISSA WADE Contributor address; City; State; Zip Code P. O. BOX 470243 FTW TX 76147 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) ELVA CONCHA Le B Contributor address; City; State; Zip Code 1512 Rivercrest FTW TX 76167 15000 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: 02/06/17 VIRGINIA M. LEONARD 6 Contributor address; City; State; Zip Code P.O. Box 1718 FTW TX 76101 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 01/31/17 GLENN LEWIS Contributor address; City; State; Zip Code 2500.00 100 Throckmorton Ste 300 FTW TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) MALCOM G., LOUDEN Contributor address; City; State; Zip Code 709 AHA DY FTW TX 76107 5000.00 01/30/17 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 01/30/17 JAMES LUCAS Contributor address; City; State; Zip Code 200.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ 4 Date 7 Amount of contribution (\$) ROBERT W. BRASHEAR 6 Contributor address; City; State; Zip Code 9616 LEASIDE DRIVE DALLAS TX 75238 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CDM SMITH ASSOCIATE Amount of contribution (\$) ROSS CALHOUN 62/04/17 Contributor address; City; State; Zip Code 3709 SANTIAGO COURT #RVING TX 75062 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) CENTURION AMERICAN Date Amount of contribution (\$) LUIS GALINDO 62/06/17 Contributor address; City; State; Zip Code 250.00 TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) GOOD GOVERNMENT FUND 03/07/17 Contributor address; City; State; Zip Code 201 N. MAIN ST. FTW TX 76/02 1500 :00 Employer (See Instructions) Principal occupation / Job title (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.

www.ethics.state.tx.us

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLONES 4 Date 7 Amount of contribution (\$) BRIAN RANDOLPH 02/10/17 6 Contributor address; City; State; Zip Code 2650 MECHAM BLYD FTW TX 76137 2000 :00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) WARKEN & STACRY RIDDICK 03/22/17 Contributor address; City; State; Zip Code 250 .00 3413 BRYN MAWR DR. DALLAS TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) O2/02/17 Contributor address; City; State; Zip Code 3821 WEST 7TH ST FTW TX 76107 1000,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) MULTATECH Date Full name of contributor BOB PENCE-FREESE NICHOLS PAC Contributor address; City; State; Zip Code 4056 INTERNATIONAL PLAZA STE. 200 FTW TX 76109 Amount of contribution (\$) 250:00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 5 Full name of contributor out-of-state PAC (ID#: 7 Full name of contributor out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 2735 COLONIAL PKWAY FTW TX 7 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor Amount of contribution (\$) 02/13/17 MAJTHEW VRUGENIK Contributor address; City; State; Zip Code 5422 MONTICEULO DALLAS TX 7520C 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 03/02/17 MARY ANN WILEY Contributor, address; City; State; Zip Code 3017 PHOENIX DR. FTW TX 76116 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) n / Job title (See Instructions) Employer (See Instructions) DENTAL ASSISTANT DR. MICK SIVEAD Date Full name of contributor LET/C/A RODRIGUEZ Contributor address; City; State; Zip Code Amount of contribution (\$) 100.00 8004 MOSS ROCKDR. FTW TX 76123 Employer (See Instructions) CITY OF FORT WORTH Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ STEVE MURRIN 6 Contributor address; City; State; Zip Code 500 N.E., 23 RD FTW TX 76164 02/20/17 250:00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ CARMEN & HERMAN NIESWADOMY 02/12/17 Contributor address; City; State; Zip Code 2015 ROBERTS CUT OFF RD. FTW TX 76/114 Date Amount of contribution (\$) 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date NEFTAM ORTTZ 01/23/17 Contributor address; City; State; Zip Code 3900 BAMBERG W. KELER TX 76248 Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) LM AERO ENGINEER Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) ON 17/17 Contributor address; City; State; Zip Code 8125 MOUNT SHASTA FTW TX 76137 CIRCLE 250.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 4 Date 7 Amount of contribution (\$) JOHN AUGHINBAUGH 62/06/17 6 Contributor address; City; State; Zip Code 4710 DEXTER FTW TX 76107 200.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) LOUIS BARRON 01/19/17 Contributor address; City; State; Zip Code 2675 OTTINGER KELLER TX 76262 500 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Date Full name of contributor Amount of contribution (\$) REED PIGMAN 02/02/17 Contributor address; City; State; Zip Code 1000.00 200 TEXASWAY FTW TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) CHRIS POWERS O2/06/17 Contributor address; City; State; Zip Code 250,00 3005 PRESTON HOLLOW RD. FTW TX 76109 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 4 Date 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) MICHAEL FLORES 03/19/17 6 Contributor address; City; State; Zip Code 324 GRAND MEAUSWOR. FTW TX 76108 150.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) GRACIELA FLORES Contributor address; City; State; Zip Code 1413 CIRCLE PK. BLVD. FTW TX 76164 2000 -00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Tom GAL BREATH 03/27/17 Contributor address; City; State; Zip Code 550 BAILEY AVE FTW TX 76107 57E #400 100 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) CHRIS APPLEOUIST 02/02/17 Contributor address; City; State; Zip Code 2800 ROUTH STREET DALLAS TX 75201 STE. 2/8 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) DEVELUPMENT 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_ JESSE MARTINEZ 6 Contributor address; City; State; Zip Code 03/19/17 100.00 4262 CADIZ DR. FTW TX 76133 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) FRAN McCARTHY Contributor address; 02/06/17 250.00 City; State; Zip Code 1208 W. MAGNOLIA FTW TX 76104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) ROBERT MOLEAN 03/15/17 Contributor address; 1000:00 City; State; Zip Code 76107 FTW TX 226 BAILEY Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ City; State; Zip Code Contributor address; 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

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME  CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1000.00
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description  Contribution \$ FOOD/BEVERAS.  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)  RISCKY'S IBBQ
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Cod	. <i>,</i> de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (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)		
		dades have the state of the sta	
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

#### SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages, Schedule F1: 2 FILER NAME
24 CARLOS E, FLORES
4 Date 5 Payee name 3 Filer ID (Ethics Commission Filers) 4 Date
01/03/17
5 Payee name
DANIEL SANCHEZ
6 Amount (\$)
7 Payee address; City; State; Zip Code 2106 MANSFIELD TX 76063 CANCUN DRIVE 600.00 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CONSULTING Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL CARLOS E. FLORES Payee name 01/03/17 RACHEL DELIKA Payee address; City; State; Zip Code

3208 RIVER LAKE DRIVE HURST TX 76053 Amount (\$) 250.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PHOTOGRAPHY Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee пате FRED'S TEXAS NORTH

e address; City; State; Zip Code 01/23/17 Payee address; Amount (\$) 2730 NESTERN FTW TX 76131 CENTER BLVD. Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EVENT EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL

## SCHEDULE F1

<del></del>			
	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exj By Gift/Awards/Memorials Expense Printing Ex	xpense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1;	CARLOS E, FLORE	3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/17	5 Payee name FRED'S TEXAS CAR	FE NORTH	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
361.40	2730 WESTERN FTW TX 7613	31	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  CARLOS E , FWRE	Office sought Office held  S CITY COUNCIL	
Date	Payee name		
01/24/17	RACHEL DELIRA		
Amount (\$)	Payee address; City; State; Zip Code		
150.00	3208 RIVERLAKE DRIVE HUL	ST TX 76053	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PHOTOGRAPHY	Check if travel outside of Texas. Complete Schedule T.  Check if Austlin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	CHRUS E, PUNCES	CITY COUNCIL	
Date / /	Payee name		
01/23/17	TOM BAINTER FOR FR	ED'S TEXAS NORTH	
Amount (\$)	Payee address; City; State; Zip Code	ı	
72.00	5529 SECCODR, FIN TX 76	179	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	GLATUITY	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 Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to c	,
1 Total pages Schedule F1:	1	3 Filer ID (Ethics Commission Filers)
4 Date 62/03/17	5 Payee name DANIEL SANCHEZ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
600.00	2106 CANCUN FTW TX 76 DRIVE	5063
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	CONSULTING	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  CARLOS E. FLORES	Office sought Office held  CITY COUNCIL
Date	Payee name	
62/03/17	ALEJANDRA ROMER	26
Amount (\$)	Payee address; City; State; Zip Code 2866 SHENAN DOALL DR. FTW	TX 76014
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	CARLOS E. FLORES	CITY COUNCIL
Date	Payee name	
02/03/17	ELIZABETH SANCHE	72
Amount (\$)	Payee address; City; State; Zip Code	7
30,00	2106 CANCUN DRIVE FT	W 7X 76063
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	WAGES	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  CARLOS E. FUNTS	Office sought Office held  CLTY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

#### SCHEDULE F1

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARIOS E. FLORES 5 Payee name 02/11/17 DANIEL RODRIGUEZ 6 Amount (\$ 7 Payee address; City; State; Zip Code 40.00 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense WAGES EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL Payee name 02/11/17 ALEJANDRA ROMERO City: State: Zip Code Amount (\$) Pavee address: PTW TX 76014 135.00 2806 SHENANDOAH DR Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE INAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E, FLORES CITY COUNCIL Payee name 02/11/17 ELIZABETH SANCHEZ Amount (\$) Payee address; City: State: Zip Code MANSFIELD TX 76063 70,00 CANCUN DRIVE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 02/11/17 5 Payee name DANIEL SANCHEZ 7 Payee address; City; State; Zip Code 6 Amount (\$) 2106 CANCUN DRIVE MANSFIELD TX 76063 49.82 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PRINTING EXPENSE Check if Austin, TX, officeholder living expense Candidate / Officeholder name CARLOS E , FLORES Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY CONVCIL Payee name MARISSA SANCHEZ 62/11/17 Amount (\$) Payee address; City; State; Zip Code 5177 BRITTON RIDGE FTW TX 76179 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee name Date 02/18/17 ALEJANDAA ROMERO Payee address: City; State; Zip Code 2806 SHENANDOAH DR FTW TX 76014 Amount (\$) 55.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE INAGISS Check if Austin, TX, officeholder living expense

Office held

Candidate / Officeholder name

CARLOS & FLORES

Office sought

CITY COUNCIL

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 5 Payee name RACHEL DELIRA 02/18/17 City; State; Zip Code 6 Amount (\$) 7 Payee address; 3208 RIVERLAKE DRIVE HURST TX 76053 75.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense PHOTOGRAPHY Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES Payee name 02/18/17 CHRISTIAN OLIVAS Amount (\$) Payee address; City; State; Zip Code 40.00 Category (See Categories listed at the top of this schedule) \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES Payee name 02/18/17 Amount (\$) MARISSA SANCHEZ City; State; Zip Code PTW TX 76179 5177 BRITTON RIDGE LAWE 47.50 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES

Office held

Office sought

CITY COUNCIL

Candidate / Officeholder name

CARLOS E. FLORES

Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

# Advertising Expense Event E Accounting/Banking Fees Consulting Expense Food/B Contributions/Donations Made By Gift/Aw.

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made to Candidate/Officeholder/Politice Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME CARLOS E - FLOXE	3 Filer ID (Ethics Commission Filers)	
4 Date 02/25/17	5 Payee name MARISSA SANCHEZ		
35.00	7 Payee address; City; State; Zip Code 5177 BRITTON RIDGE LAWE	FTW TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  WAGES	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  CARLOS E, FLORES	Office sought Office held	
o 2/25/17	Payee name  ELIZABETH SANCHEZ		
Amount (\$) 45 · 00	Payee address; City; State; Zip Code 2106 MANS FIELD CANCHA DRIVE	TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  WAGES	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  CARIOS E . FLORES	Office sought Office held	
02/27/17	Payee name  DANIEL SANCHEZ		
Amount (\$)	Payee address; City; State; Zip Code  2106 MANSFIELD TX  CANCUN DRIVE	( 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  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 CITY COUNCIL	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME CARLOS E . FLONES 3 Filer ID (Ethics Commission Filers) 5 Payee name 02/27/17 6 Amount (\$) PRINTING GTG 7 Payee address; City; State; Zip Code 658.46 (b) Description (a) Category (See Categories listed at the top of this schedule) \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PRINTING EXPENSE Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH CARUS E- FLORES Payee name 02/28/17 U.S. POST MASTER City; State; Zip Code Amount (\$) Pavee address: 4600 MARKIN FTW TX 76161 743,72 Description \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE POSTAGE PERMIT Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARIOS E. FLORES 02/03/17 ZIP PRINT CENTER Pavee address: City: State: Zip Code 901 Houston ST. PTW TX 76102 1869.40 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE PRINTING EXPENSE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (out of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	CARUS E. FLONES	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/17	5 Payee name RACHEL DELIRA	•
6 Amount (\$)	7 Payee address; City; State; Zip Code	
200.00	3208 RIVERDRIVE HURST	TX 76053
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	0	Check if Austin TV officeholder living exposes
OF EXPENDITURE	PHOTOGRAPHY	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Of	H CARLOS E. FLORES	CITY COUNCIL
Date	Payee name	
03/06/17	DANIEL SONCHEZ	
Amount (\$)	Payee address; City; State; Zip Code	7
40.00	2106 MANSFIELD TO	x 76065
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	CONTRIBUTION	CHECK If Austili, 1A, Unicerolaer living Caponics
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		CITY COUNCIL
Date	Payee name	
03/04/17	ELIZABETH SANCHE	<b>注</b>
Amount (\$)	Payee address; City; State; Zip Code	
	2106 MANSFIELD TX CANCUN DRIVE	76063
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel oulside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	WAGES	CHECK If AUSBIN, 1A, Unicentities fixing expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	CARLOS E. FLORES	CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense g Expense g Expense g Exypense to complete this form.  Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CARUS E, FLORE	3 Filer ID (Ethics Commission Filers)	
4 Date 03/11/17	5 Payee name MARISSA SANCHE		
6 Amount (\$)	7 Payee address; City; State; Zip Cod. 5177 BRITTON RIDGE L	ANE PTW TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  WAGES	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  CARLOS E - FLORES	Office sought Office held	
Date 03/11/17	Payee name  DANIEL SANCHEZ		
Amount (\$)	Payee address; City; State; Zip Code 2106 MANSFIELD CANCUN DUVE	TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	CARUS E. FURES	Office sought Office held	
Date	Payee name		
03/18/17	DANIEL SANCHEZ	;	
Amount (\$)	Payee address; City; State; Zip Code		
95.33	2106 MANSFIELD CANCUN DRIVE	TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  PRINTING  FOOD EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	CALUS E. FLORES	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 5 Payee name 6 Amount (\$) ELIZABETH SANCHEZ 7 Payee address; CANCUN DRIVE MANSFIELD TX 76063 2106 60.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense WAGES EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct CAPLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH Payee name ALEJANDRA ROMERO 03/18/17 Payee address; City; State; Zip Code 2806 SHENAN DOAH DR. FTW 7X 76014 Amount (\$) 35.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** WAGES OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name CARLOS E. FLONES Office held Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH Payee name 03/11/17 ALEJANDRA ROMERO Amount (\$) City; State; Zip Code 2806 SHENANDOAH DR. FTW TX 76014 40.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EXPENDITURE WAGES Candidate / Officeholder name Office sought CITY COUNCIL Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense

Event Expense Fees Food/Beverage B

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E.	FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/17	5 Payee name MULHOUAND	EMPRINTS	
6 Amount (\$)	7 Payee address; City; State; Zij 1332 N. MAIN ST. FTW		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  CAL US E , FLORES	Office sought CITY COU	Office held NCLL
Date	Payee name		
03/04/17	HEAVEN'S GATE RESTAURANT		
Amount (\$)	Payee address; City; State; Zip Code		
1853.85	3820 N. MAIN ST. FORT WORTH TX 76106		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  CARLOS E. FLORES	Office sought	Office held
Date	Payee name		
03/24/17	KALULE KABUTA		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	5225 BREHMAN AVE FTW TX 76107 APT 129		
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE			de of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES	Check if Austin, 1	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought CITY COUN	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 63/25/17 5 Payee name ALEJANDRA ROMERO
6 Amount (\$) 7 Payee address; City; State; Zip Code
45 50 2806 SHEN AN DOAH DR. FTW TX 76014 45.50 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES CARLOS E , FURES Office sought

CITY COUNCIL Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date DANIEL SANCHEZ 03/27/17 Payee address; City; State; Zip Code Amount (\$) 2106 CANCUN DRIVE MANSFIELD TX 76063 300,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense CONSULTING EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 03/24/17 MICHAEL EVANS Payee address; City; State; Zip Code 5052 LAKE ARUNGTON RD. FTW TX 76119 Amount (\$) 132.00 LOT 134 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Office held Candidate / Officeholder name Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARIOS E. FLORES 5 Payee name MARTIN HURTADO 03/25/17 6 Amount (\$) 69.00 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** MAGES Check if Austin, TX, officeholder living expense Candidate / Officeholder name CALUS E. FLONES 9 Complete ONLY if direct Office held CITY COUNCIL expenditure to benefit C/OH Payee name Date 03/25/17 ELIZABETH SANCHEZ Payee address; City; State; Zip Code 2/06 CANCUN DRIVE FTW TX 76063 69:00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE ☐ Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. PLORES CITY COUNCIL Payee name 03/24/17 OFFICE DEPOT Amount (\$) Payee address; City; State; Zip Code 401 CARROLL FTW TX 76107 STREET 159.67 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PRINTING Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica				
Gredit Card Payment	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 03/18/17	5 Payee name DANIEL G., RODRIGUEZ			
6 Amount (\$) 105.00	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought CARUS E. FLORES CITY COUNCIL			
Date	Payee name			
03/15/17	Daniel Sanchez			
Amount (\$)	Payee address; City; State; Zip Code			
20.00	206 Canan Drive Mansfield 7x 76063			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office hold  Carlos E. Flores  City Council			
Date	Payee name	1		
2/15/17	Murphy Nasica			
Amount (\$)	Payee address; City; State; Zip Code	١		
2,716.99	815-A Brazos St. Ste 304, Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held  Carlos E. Flores City Council			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 63/18/17 5 Payee name MARISSA SANCHEZ 7 Payee address; City; State; Zip Code 6 Amount (\$) 5177 BRITTON RIDGE LANE FTW TX 76179 60.00 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense WAGES EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee name Date 02/25/17 ALEJANDRA ROMERO Payee address; City; State; Zip Code 2806 SHENANDUAH DR. FIW TX 76014 Payee address; Amount (\$) 45.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE WAGES □ Check if Austin, TX, officeholder living expense CARLOS E. FLORES CITY COUNCIL Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/11/17 ELIZABETH SANCHEZ Amount (\$) City; State; Zip Code 30.00 2106 CANCUN DRIVE MANSFIELD TX 76063 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGE S Candidate / Officeholder name Office sought Office held Complete ONLY if direct

CMY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CARLOS E. FLONES

expenditure to benefit C/OH

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing I			
Ologicoald Layinelli	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 03/18/17	5 Payee name ALEJANDRA ROME,	20		
6 Amount (\$)	7 Payee address; City; State; Zip Code 2906 SHENANDOAH PR	FTW TX 76014		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	WAGES	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  CARLOS E, FLONES	Office sought Office held  CITY COUNCIL		
Date	Payee name			
03/14/17	PHINTER COMMUNICA	ATIONS SERVICES		
Amount (\$)	Payee address; City; State; Zip Code			
2068,00	44 13 NORTHSIDE PARKWAY NW #146	ATLANTA, GA 30327		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	POLLING	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	_			
Date	Payee name			
03/18/17	RACHEL DELIRA	2		
Amount (\$)	Payee address; City; State; Zip Code	. 21.5-		
150:00	3208 RIVERLAKE DRIVE HUR	ST TX 76053		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	04 = 0.4 = - (1)	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	PHOTOGRAPHY	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	CARLOS E. FLORES	CITY COUNCIL		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORE	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/17	5 Payee name  MARISSA SANCHE	
<b>\''</b>	7 Payee address; City; State; Zip Code	
50'00	5177 BRITTON RIDGELANE	FTW TX 76179
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held  CITY COUNCIL
Date	Payee name	
02/03/17	REBECCA ORNELA	\$
Amount (\$)	Payee address; City; State; Zip Code	
40.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF WAGES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	WIIACO	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	CARLOS E. FLORES	CITY COUNCIL
Date	Payee name	
02/03/17	REBECCA ORNELAS	
Amount (\$)	Payee address; City; State; Zip Code	
40.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	1.4068	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	MAGES	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	OARLOS E. FLONES	CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 (entry a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	Vages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CAPTUS E. Flows	3 Filer ID (Ethics Commission Filers)		
4 Date #15/17	7 Payee address; City; State; Zip Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
2,714.99	815-A Brazos St. Ste 304,	Austin, 7x 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Printing & Postage	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name  Carlos E. Flores	Office sought Office held		
Date	Payee name			
2/15/17	Murphy Nasica  Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code			
368. 27	815-A Brazos St. Ste. 304,	Austin, TX 78781		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	_	Check if travel outside of Texas. Complete Schedule T.		
OF	P. L.	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Printing			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH		A-La America		
	curios of rivres	City Council		
Date	Payee name			
2/15/17	Muphy Nasica Payee address; City; State; Zip Code			
Amount (\$)		!		
564. 19	815-A Brazos St. Ste 304, 0	Austin, TX 78701		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	$\rho : \iota : \iota$	Check if Austin, TX, officeholder living expense		
EXPENDITURE	Printing			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Carlos E. Flores	City Conneil		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NÉEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Carbs E. Flues 4 Date 5 Payee name Ruystar Marketing ess; City; State; Zip Code 1-20-17 7 Payee address; 6 Amount (\$) Ft. WWM, TX 76161 P.O. Bux 162253 720. (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Marketing & Advertising EXPENDITURE Candidate / Officeholder name CAYLOS E. Flores Office held 9 Complete ONLY if direct expenditure to benefit C/OH Council Payee name 2/15/17 Roxstar Marketing Payee address; City; State; Zip Code P.D. Bux 142253 Ft. Worth TX 76161 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Marketing & Advertising Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Carlos E. Flores Roystar Marketing 3-15-17 Amount (\$) P.O. Box 162253 Ft. Worth, TX 76161 450. Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Marketing & Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held

Narlos

T. Flires

Complete ONLY if direct expenditure to benefit C/OH

City Counci

## 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 Gitt/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)

3 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME CAY LOS E. FloreS

	Carlos E. Flores	
4 Date 3 15 17	7 Payee address, City; State; Zip Code	
6 Amount (\$)		
3,247.50	815-A Brazis St Ste 304, Aus	shin, 7x 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Carlos E. Flives	Office sought Office held
Date	Payee name	
3115/17	Murphy Nasica Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
1,500.	815-A Brazos St Ste 304	Austin, 7x 78701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Nages	Check if Austin, TX, officeholder living expense
	)	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	' Carlus E. Flores	City Council
Date	Payee name	•
3/15/17	Murphy Vasicau  Payee address; City; State; Zip Code	
Amount (\$)		4
1895.96	815-A Brazos St. Ste 304,	Austin, TX 78701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	Travel in District	Check if Austin, 1X, officeriolder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Carlus E. Flores	City Council
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

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
Charles on the Control of Charles of the Control of Charles on the Control of Charles on the Control of Charles on the Charles of Charles on the Charles

Candidate/Officeholder/Politice Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Carlos E. Flores	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/17	7 Payee address; City; State; Zip Code	
9, 102. 36	7 Payee address;   Icity; State; Zip Code 815-A Brazos St. Ste 304,	Austin, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  **Framing*, Consulting*  Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name  H. Carlos E. Flures	Office sought Office held
Date	Payee name	
H15/17	Murphy Vasica Payee address; City; State; Zip Code	
Amount (\$)		an Chall
500.	815-A Brazos St. Ste 304.	Austin, TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Car los E. Flores	Office sought Office held  GHy Council
Date	Payee name	
29/17	Murphy Nasica  Payee address; City, State; Zip Code	
Amount (\$) 135. 93	Payee address; City! State; Zip Code 815-A BM205 St. Ste 304,	Austin, TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Car los E. Fluves	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS'NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Printling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the page of the page o

Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Carlos E. Flores 5 Payee name Murphy Nasica
7 Payee address; City; State; Zip Code H15/17 6 Amount (\$) 815-A Brazos St. Ste 304, Austin, Tx 78701 368.27 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Printing Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct City Council expenditure to benefit C/OH Carlos E. Fluxes Payee name Date Murphy Nasica Payee address; City; State; Zip Code 215/17 Amount (\$) 815-A Brazos St. Ste 364, Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Printing ☐ Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Council 2/02/17 Murphy Nasica
Payee address; City; State; Zip Code Amount (\$) 815-A Brazos st. Ste 304, Austin, TX 78701 2,500. Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Carlos E. Flores Council ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Carlos E. Flures 5 Payee name Murphy Nasica 7 Payee address; City; State; Zip Code 6 Amount (\$) 815-A Brazos St. Ste 304 Austin, 7x 78701 7,114: 32 8 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Printing & Postage Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Carlos E. Flores Corncil Payee name 3.25.17 Daniel Sanchez City; State; Zip Code Amount (\$) 2106 Cancun Drive Mansfield, TX 76063 \$ 300 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Light Check if Austin, TX, officeholder living expense Consulting EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Carlos E. Flores City Council MARISS A SANCHEZ 02/03/17 Payee address; City; State; Zip Code Amount (\$) 5/77 BRITTON FTW TX 76179 50,00 RIDGE LANE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

	EXPENDITURE CATEGORIES FO	DR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overt Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	· · · · · · · · · · · · · · · · · · ·	•	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	3	\$
5 Date 02/13/17	6 Payee name	<b>!</b>	
7 Amount (\$)	Murphy Nasica  8 Payee address; Chy; State; Zip Code		
198.75	815-A Brazus Ste. 304 /	Austin, Ti	c 78701
9 TYPE OF EXPENDITURE	Political Non-Polit	ical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PRINTING		rn travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lice sought	Office held
Date 03/01/17	Payee name  Murphy Nasica	-	
Amount (\$)	Payee address; City; State; Zip Code 815-A Brazus Ste. 304	Austin,	7x 78701
TYPE OF EXPENDITURE	Political Non-Polit	,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ice sought	Office held
		-	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEE	EDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

	EXPENDITURE CATEGORIES FO	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Office Overhe Food/Beverage Expense Polling Exper By Gift/Awards/Memorials Expense Printing Expe	nse Travel Out Of District es/Contract Labor Other (enter a category not listed above)	nse
1 Total pages Schedule F2:	2 FILER NAME Carlos E. Flores	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITE	MIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 03/01/17	8 Payee address; City, State; Zip Code		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
10,450.01	815-A Brazos Ste. 304 /	Austin, 7x 78701	
9 TYPE OF EXPENDITURE	Political Non-Politic	eal	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CONSULTING	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/O		ce sought Office held	
	Carlos E. Flores	City Council	
03/01/17	Payee name  Murphy Nasica	•	
Amount (\$)	Payee address; City; State; Zip Code		
2,900.00	815. A Brazus Stu. 304	Austin, 7x 78701	
TYPE OF EXPENDITURE	Political Non-Politic	al	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	PHOTOGRAPHY	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF		e sought Office held	
,	Carbs E. Flores	City Coneil	
		1	
	ATTACH ADDITIONAL CODIES OF THIS SCH	IEDIII E AS NEEDED	

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)  Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense					
Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Food/Bever y Gift/Awards	age Expense Memorials Expense		d/Rental Expense e se	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		uction Guide explair	s how to comp	lete this form.	port-
1 Total pages Schedule F2:	2 FILER NAME	irlos E. f	loves		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	IZED UNPAID IN	CURRED OBLIC	GATIONS		\$
5 Date 63/02/17	6 Payee name Mu	City; State;	ica Sica		
7 Amount (\$)	8 Payee address;	City; State;	Zip Code		
5,314.50	815-A Braz	os Ste. 30	4 A	ustin TX	(78701
9 TYPE OF EXPENDITURE	Political		Non-Political		
10	(a) Category (See Categ	ories listed at the top of this	s schedule)	(b) Descriptio	n
PURPOSE	_			Check if t	travel outside of Texas. Complete Schedule T.
OF Expenditure	PRINTI	NG		Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Offi	ceholder name	Office	sought	Office held
expenditure to benefit C/Oł	_	E. Flores		City Con	ınci /
Date 03/09/17	Payee name M	urphy Na	пica	<u> </u>	
Amount (\$)	Payee address;		Zip Code		
564. 19	815-A Bra.	705 Ste. 3	14 /	Justin, -	TX 78701
TYPE OF EXPENDITURE	Political		Non-Political		
	Category (See Catego	ries listed at the top of this	schedule)	Description	1
PURPOSE				Check if tr	avel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PRINTING	Ĵ		Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	Office	sought	Office held
	Carlos	E. Flores		City Com	na'
				1	
				***************************************	
	ATTACH ADDITIO	NAL COPIES OF	THIS SCHE	DULE AS NEE	DED

### SCHEDULE !

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I	2 FILER NAME CARLOS E, FLORES	3 Filer ID (Ethics Commission Filers)			
4 Date 63/06/17	5 Payee name  ALL SAINTS CATHOLIC SCHOOL C/O ROTR				
6 Amount (\$) 500 · α	7 Payee address; City; State; Zip Code  2006 N. Houston FTW TX 76164				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  CONTRIBUTION	(b) Description (See instructions regarding type of information required.) CONTRIBUTIONS/DONATIONS MADE BY CANDIDATE			
Date 83/18/17	Payee name  SABINE JARVIS				
Amount (\$)	Payee address; City; State; Zip Code 3604 SWHARTZ AVE . FT	W TX 76106			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  CのHTRIBuTION	Description (See instructions regarding type of information required.)  CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE			
Date 03/22(17	Payee name CESAR CHAVEZ COA	LUITTEE			
Amount (\$)	Payee address; City; State; Zip Code 2203 W. GREENSPOINT CT.	ARLINGTON TX 76001			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  CONTRIBUTION	Description (See instructions regarding type of information required.)  CONTRIBUTIONS / DONATIONS MADE  BY OANDIDATE			
Date 01/07/17	Payee name ALL SAINTS - ACTS				
Amount (\$) 350.00	Payee address; City; State; Zip Code  2006 N. Honston FTW TX	76164			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  CONTRIBUTION	Description (See instructions regarding type of information required.)  CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to compl •• Complete only if "Report Type" on page 1 is ma	
1	C/OH	CARLOS E. FLORES	2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE	
	ing a re	t expect any further political contributions or political expenditures in connect eport as a final report terminates my campaign treasurer appointment. I als utions or make any campaign expenditures without a campaign treasurer ap	o understand that I may not accept any campaign
4		WHO IS NOT AN OFFICEHOLDER  nplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
		I have unexpended contributions or unexpended interest or income earner may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of ununexpended contributions or unexpended interest or income earned on pothis final report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirement.	est or income earned on political contributions to expended contributions and that I may not retain litical contributions longer than six years after filing political contributions and unexpended interest or
	В,	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or o	other income from political contributions.
		I do retain assets purchased with political contributions or interest or other that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to
			Signature of Candidate
 ;		EHOLDER plete this section <i>only</i> if you are an officeholder ··	
		I am aware that I remain subject to filing requirements applicable to an officehofile. I am also aware that I will be required to file reports of unexpended contri officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as an
			Signature of Officeholder