

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

33

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

CARLOS

E.

NICKNAME

LAST

SUFFIX

FLORES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

1415 CIRCLE PARK BLVD. FTW, TX 76164

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

688-2347

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

THOMAS

NICKNAME

LAST

SUFFIX

BAINTER

7 CAMPAIGN
TREASURER
ADDRESS

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

SECCO DRIVE FTW, TX 76179

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

365-3536

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

03 / 28 / 2017

THROUGH

Month Day Year

04 / 26 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT WORTH CITY COUNCIL
DISTRICT 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

CARLOS E. FLORES

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ *20.00*

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

\$ *36,850.00*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *20,373.58*

CONTRIBUTION
BALANCE

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

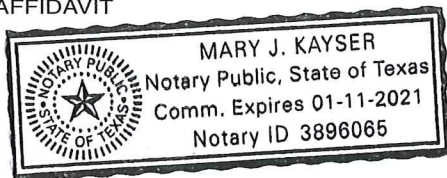
\$ *7,714.55*

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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

Carlos E. Flores

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Carlos Flores*, this the *28th* day of *August*, 20*12*, to certify which, witness my hand and seal of office.

M. J. Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,850. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,805. ⁵⁶
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,373. ⁵⁸
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 24,192. ⁶⁶
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 700. ⁰⁰
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

FLORENCIO CASTANEDA

6 Contributor address;

City; State; Zip Code

6127 NORTH HILL LANE FTW, TX 76135

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

04/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

M.T. COLE TRUST

Contributor address;

City; State; Zip Code

P.O. BOX DRAWER 5 DENTON, TX 76202

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANTONIO & ALICE AYALA

Contributor address;

City; State; Zip Code

1520 LAGONDA FTW TX 76164

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

04/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HUB BAKER

Contributor address;

City; State; Zip Code

121 EAST EXCHANGE BLVD. FTW, TX 76164

Amount of contribution (\$)

500.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

E. DON & THELMA F.

6 Contributor address;

City; State; Zip Code

513 TURNER BLVD. GRAND PRARIE, TX 75050

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT W. BRASHEAR

Contributor address;

City; State; Zip Code

9616 LEASIDE DR. DALLAS, TX 75238

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

BROTHERS FOUNDATION

Contributor address;

City; State; Zip Code

5105 TRENTMAN STREET FTW, TX 76119

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

FOUNDATION REPAIR

Employer (See Instructions)

Date

04/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

CARMEN FLORES

Contributor address;

City; State; Zip Code

COMMERCE STREET FTW, TX 76164

Amount of contribution (\$)

200.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

GRACIELA FLORES

7 Amount of contribution (\$)

2000.00

6 Contributor address;

City; State; Zip Code

1413 CIRCLE PARK BLVD. FTW, TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

04/06/17

Full name of contributor

☐ out-of-state PAC (ID#:

VICTOR FLORES

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1313 CIRCLE PARK BLVD. FTW, TX 76164

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

Date

04/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

VICTOR FLORES

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1313 CIRCLE PARK BLVD. FTW, TX 76164

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

Date

06/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

PETE & BECKIE GEREN

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1200 WASHINGTON TERRACE FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/18/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

RAMON GUAJARDO

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4400 NORTHVIEW COURT ALEDO, TX 76008

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

SELF

Date

04/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

TREY HARRIS, III

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

6133 WALLA FORT WORTH, TX 76133

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

04/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

BRAD HICKMAN

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

6777 CAMP BOWIE BLVD. FTW, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

04/05/17

Full name of contributor

☐ out-of-state PAC (ID#:

JO HICKMAN

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5800 MERRYMOUNT RD. FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/11/17

5 Full name of contributor

DON JURY

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

436 HALTOM RD.

FTW, TX 76117

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/08/17

Full name of contributor

DON JURY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

436 HALTOM RD.

FTW, TX 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/17

Full name of contributor

PACHECO KOCH

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7557 RAMBLER RD. STE. 1400 DALLAS, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/17

Full name of contributor

THOMAS L. KRAMPITZ

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3420 POTOMAC DRIVE FTW, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/26/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

VERTEX PARTNERS, LP

6 Contributor address;

City; State; Zip Code

3715 CAMP BOWIE FTW, TX 76167

7 Amount of contribution (\$)

5000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Contributor address;

City; State; Zip Code

P.O. BOX 17426 AUSTIN, TX 78780

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEVE MURRIN

Contributor address;

City; State; Zip Code

500 N.E. 23RD STREET FTW, TX 76164

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAT O'NEAL

Contributor address;

City; State; Zip Code

675 N. HENDERSON FTW, TX 76167

Amount of contribution (\$)

500.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

BETSY PRICE CAMPAIGN FUND

6 Contributor address;

City; State; Zip Code

P.O. BOX 100066 FTW, TX 76185

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

BUDDY PUENTE

Contributor address;

City; State; Zip Code

P.O. BOX 612248 FTW, TX 75261

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/17

Full name of contributor

☐ out-of-state PAC (ID#)

SANTIAGO SALINAS

Contributor address;

City; State; Zip Code

601 UNIVERSITY DRIVE FTW, TX 76107
SUITE 101

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/17

Full name of contributor

☐ out-of-state PAC (ID#)

HUMBERTO SERRANO

Contributor address;

City; State; Zip Code

10509 LOS RIOS DRIVE FTW, TX 76179

Amount of contribution (\$)

1000.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

FRANK J. & REBECCA PEÑA

6 Contributor address;

City; State; Zip Code

4420 FIESTA CIRCLE E. FTW, TX 76133

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

APT. ASSOCIATION OF TARRANT COUNTY

Contributor address;

City; State; Zip Code

6350 BAKER BLVD. FTW, TX 76118

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARK PRESSWOOD

Contributor address;

City; State; Zip Code

2940 MISTY RUN FTW, TX. 76244

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

SELF

Date

03/29/17

Full name of contributor

☐ out-of-state PAC (ID#:

BETSY PRICE CAMPAIGN FUND

Contributor address;

City; State; Zip Code

P.O. BOX 100066 FTW, TX 76185

Amount of contribution (\$)

750.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/05/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

COMMITTEE FOR PUBLIC SAFETY FTWPOA

6 Contributor address;

City; State; Zip Code

2501 PARKVIEW DRIVE FTW, TX 76102
STE. 600

7 Amount of contribution (\$)

4500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/13/17

Full name of contributor

☐ out-of-state PAC (ID#:

Q PAC

Contributor address;

City; State; Zip Code

301 COMMERCE STREET FTW, TX 76102
STE 3200

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/26/17

Full name of contributor

☐ out-of-state PAC (ID#:

BETSY PRICE CAMPAIGN FUND

Contributor address;

City; State; Zip Code

P.O. BOX 100066 FTW, TX 76185

Amount of contribution (\$)

3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/17

Full name of contributor

☐ out-of-state PAC (ID#:

CINDY CRAIN

Contributor address;

City; State; Zip Code

284 GAIL DRIVE WEATHERFORD, TX 76085

Amount of contribution (\$)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

04/07/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

ANNE T. BASS / ROBERT M. BASS

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

200 MAIN STREET FTW, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/14/17

Full name of contributor

☐ out-of-state PAC (ID#:

COMMITTEE FOR PUBLIC SAFETY FTWPOA

Amount of contribution (\$)

4500.00

Contributor address;

City; State; Zip Code

2501 PARKVIEW DRIVE FTW, TX 76102
STE 600

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 1805.56

5 Date

04/05/17

6 Full name of contributor ☐ out-of-state PAC (ID#)

PAC FORT WORTH POLICE OFFICERS ASSOC.

7 Contributor address; City; State; Zip Code

904 COLLIER FTW, TX 76162

8 Amount of Contribution \$

1805.56

9 In-kind contribution description

SIGNAGE

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/30/17		5 Payee name CHUYITOS TEXICAN BURGERS			
6 Amount (\$) 1095.00		7 Payee address; City; State; Zip Code 1521 N. MAIN ST. FORT WORTH, TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL Office held	
Date 04/01/17		Payee name MICHAEL EVANS			
Amount (\$) 144.00		Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FORT WORTH, TX 76119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL Office held	
Date 04/01/17		Payee name KALULE KUBOTA			
Amount (\$) 110.00		Payee address; City; State; Zip Code 5252 BROHMAN AVE. FORT WORTH, TX 76167			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/17		5 Payee name KALU LE KUBOTA			
6 Amount (\$) 90.00		7 Payee address; City; State; Zip Code 5252 BROHMAN AVE. FORT WORTH, TX 76167			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/08/17		Payee name RACHEL DELIRA			
Amount (\$) 125.00		Payee address; City; State; Zip Code 3208 RIVERLAKE DRIVE HURST, TX 76053			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PHOTOGRAPHY		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/08/17		Payee name MARISSA SANCHEZ			
Amount (\$) 170.00		Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FTW, TX 76179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/17		5 Payee name DANIEL RODRIGUEZ			
6 Amount (\$) 40.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/08/17		Payee name MARTIN HURTADO			
Amount (\$) 125.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/15/17		Payee name MICHAEL EVANS			
Amount (\$) 118.00		Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FORT WORTH, TX 76119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/26/17		5 Payee name CHRISTIAN OLIVARES			
6 Amount (\$) 230.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/22/17		Payee name MARISSA SANCHEZ			
Amount (\$) 220.00		Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FTW, TX 76179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/25/17		Payee name DANIEL SANCHEZ			
Amount (\$) 306.00		Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/17		5 Payee name CHRISTIAN OLIVAS			
6 Amount (\$) 150⁰⁰		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/15/17		Payee name ELIZABETH SANCHEZ			
Amount (\$) 145⁰⁰		Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/15/17		Payee name ALEJANDRA ROMERO			
Amount (\$) 160⁰⁰		Payee address; City; State; Zip Code 2806 SHENANDOAH DR. FTW, TX 76014			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/17		5 Payee name KIEFER CLEGG			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/22/17		Payee name MICHAEL EVANS			
Amount (\$) 187.50		Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FORT WORTH, TX 76119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/22/17		Payee name KALULE KUBOTA			
Amount (\$) 150.00		Payee address; City; State; Zip Code 5252 BROWMAN AVE. FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/17		5 Payee name TCDP			
6 Amount (\$) 25.00		7 Payee address; City; State; Zip Code 2806 RACE ST. FORT WORTH, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/18/17		Payee name RACHEL DELIRA			
Amount (\$) 75.00		Payee address; City; State; Zip Code 3208 RIVERLAKE DRIVE Hurst, TX 76053			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PHOTOGRAPHY		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/22/17		Payee name ELIZABETH SANCHEZ			
Amount (\$) 330.00		Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/17	5 Payee name MARTIN HURTADO	
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) WAGES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held
Date 04/01/17	Payee name MARISSA SANCHEZ	
Amount (\$) 57.00	Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FTW, TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held
Date 04/01/17	Payee name ALEJANDRA ROMERO	
Amount (\$) 85.50	Payee address; City; State; Zip Code 2806 SHENANDOAH DR FTW, TX 76014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/17	5 Payee name DANIEL SANCHEZ	
6 Amount (\$) 87.32	7 Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held
Date 03/30/17	Payee name CITY OF FORT WORTH	
Amount (\$) 200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held
Date 04/01/17	Payee name ELIZABETH SANCHEZ	
Amount (\$) 112.00	Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/08/17		5 Payee name MICHAEL EVANS			
6 Amount (\$) 321.00		7 Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FORT WORTH, TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/03/17		Payee name RACHEL DELIRA			
Amount (\$) 150.00		Payee address; City; State; Zip Code 3208 RIVERLAKE DRIVE HURST, TX 76053			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PHOTOGRAPHY		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/01/17		Payee name DANIEL SANCHEZ			
Amount (\$) 300.00		Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/08/17		5 Payee name ELIZABETH SANCHEZ			
6 Amount (\$) 125.00		7 Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/08/17		Payee name CHRISTIAN OLIVAS			
Amount (\$) 120.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/08/17		Payee name ALEJANDRA ROMERO			
Amount (\$) 166.00		Payee address; City; State; Zip Code 2806 SHENANDOAH DR. FORT WORTH, TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/30/17		5 Payee name CARLOS SAENZ			
6 Amount (\$) 1400.00		7 Payee address; City; State; Zip Code 2418 CLINTON AVE. FORT WORTH, TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/15/17		Payee name MARTIN HURTADO			
Amount (\$) 145.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/15/17		Payee name MARISSA SANCHEZ			
Amount (\$) 180.00		Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FTW, TX 76179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>14</u>		2 FILER NAME <u>CARLOS E. FLORES</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>04/03/17</u>		5 Payee name <u>MURPHY NASICA</u>			
6 Amount (\$) <u>8654.42</u>		7 Payee address; City; State; Zip Code <u>815-A BRAZOS ST. AUSTIN, TX 78701</u> <u>STE 304</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>CARLOS E. FLORES</u>		Office sought <u>CITY COUNCIL</u>	
Date <u>04/03/17</u>		Payee name <u>MURPHY NASICA</u>			
Amount (\$) <u>1000.00</u>		Payee address; City; State; Zip Code <u>815-A BRAZOS ST. AUSTIN, TX 78701</u> <u>STE 304</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>CARLOS E. FLORES</u>		Office sought <u>CITY COUNCIL</u>	
Date <u>04/04/17</u>		Payee name <u>MURPHY NASICA</u>			
Amount (\$) <u>1349.34</u>		Payee address; City; State; Zip Code <u>815-A BRAZOS ST. AUSTIN, TX 78701</u> <u>STE 304</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u> <u>PRINTING EXPENSE</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>CARLOS E. FLORES</u>		Office sought <u>CITY COUNCIL</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>14</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>04/04/17</i>	5 Payee name <i>US POSTAL SERVICE</i>	
6 Amount (\$) <i>901.20</i>	7 Payee address; City; State; Zip Code <i>4600 MARK IV PARKWAY FTW, TX 76106</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>POSTAGE/FEE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: <i>CITY COUNCIL</i> Office held:		
Date <i>04/17/17</i>	Payee name <i>US POSTAL SERVICE</i>	
Amount (\$) <i>631.30</i>	Payee address; City; State; Zip Code <i>4600 MARK IV PARKWAY FTW, TX 76106</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POSTAGE/FEE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: <i>CITY COUNCIL</i> Office held:		
Date	Payee name	
Amount (\$) 	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 3		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 04/06/17		6 Payee name MURPHY NASICA			
7 Amount (\$) 500.00		8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/03/17		Payee name MURPHY NASICA			
Amount (\$) 11,950.01		Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES TRAVEL IN DISTRICT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 3	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

5 Date 04/14/17	6 Payee name MURPHY NASICA
7 Amount (\$) 640.08	8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL	Office held
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Date 04/13/17	Payee name MURPHY NASICA
Amount (\$) 162.38	Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701

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

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 3		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 04/25/17		6 Payee name MURPHY NASICA			
7 Amount (\$) 7395.00		8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/21/17		Payee name MURPHY NASICA			
Amount (\$) 3545.19		Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/18/17</i>	5 Payee name <i>ALL SAINTS CATHOLIC SCHOOL</i>		
6 Amount (\$) <i>700.00</i>	7 Payee address; City; State; Zip Code <i>2006 N. HOUSTON ST. FORT WORTH, TX 76164</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	(b) Description (See instructions regarding type of information required.) <i>CONTRIBUTION/DONATIONS MADE BY CANDIDATE</i>	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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