OFFICIAL RECORD CANDIDATE / OFFICEHOLDER FORM C/OH CITY SECRETARY FORW COL CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** CARLOS NAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 1415 CIRCLE PARK BLVD. FTW, TX 76164 **OFFICEHOLDER** MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (817)688-2347 PHONE MS / MRS / MR 6 CAMPAIGN Receipt # Amount \$ THOMAS BAINTER **TREASURER** NAME Date Processed SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; ZIP CODE **TREASURER** SECCO DRIVE FTW, TX 76179 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** (682) 365-3536 PHONE 9 REPORT TYPE 15th day after campaign treasurer appointment (Officeholder Only) January 15 30th day before election 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD COVERED 03/28/2017 04/26/2017 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Other Description 05/06/2017 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) FURT WORTH CITY COUNCIL DISTRICT Z **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ARLOS E.	FLARES	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,850.00	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$	
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 20,373.58 DAY \$ 7,714.55	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 7,714.55	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$	
AFFIDAVIT MARY J. KAYSER Notary Public, State of Texas Comm. Expires 01-11-2021 Notary ID 3896065 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Caller More, this the 2844				
day of All 20, to certify which, witness my hand and seal of office.				
Maxing many skinsok cox seench				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,850.00 \$ 1805.56
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1805·56
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	* 20,373.55 \$ 24192.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 24192-66
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	entributions \$ 700.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS \$

MONE	TARY POLITICAL CONTRIBU	TIONS	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 PAC (ID#:		7 Amount of contribution (\$) 500 0
8 Principal occu		nployer (See Instruc	tions)
Date 04/13/17	Full name of contributor	Code	Amount of contribution (\$) $250-20$
Principal occup	P.O. BOX DRAWERS' DENTON, 7 pation / Job title (See Instructions)	X 76202	
Date 03/30/17	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
Principal occup	· · · · · · · · · · · · · · · · · · ·	76164 ployer (See Instructi RETIKED)	ions)
Date 04/11/17	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 500-00
Principal occup		ployer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF THIS S		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) E. DON & THEMA F	7 Amount of contribution (\$)
03/30/17	E. DON & THEMA F. 6 Contributor address; City; State; Zip Code 5/3 TURNER BLVD. GRAND PRARIE, TX 75050	250 - 00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	
Date	Full name of contributor out-of-state PAC (ID#:) ROBERT W. BRASHEAR	Amount of contribution (\$)
03/30/17	ROBERT W. BRASHEAR Contributor address; City; State; Zip Code 9616 LEASIDE DR. DALLAS, TX 75238	100,00
	pation / Job title (See Instructions) Employer (See Instruct	cions)
Date	Full name of contributor	Amount of contribution (\$)
03/30/17	BROTHERS FOUNDATION Contributor address; City; State; Zip Code 5105 TRENTMAN STREET FTW, TX 76119	300° <u>00</u>
Principal occup	nation / Job title (See Instructions) Employer (See Instruct NDATI 6N REPAIR	ions)
Date	Full name of contributor out-of-state PAC (ID#:) CARMEN FLORES	Amount of contribution (\$)
04/23/17	Contributor address; City; State; Zip Code COMMERCE STREET FTW, TX 76164	200.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) RETIRED	ions)
		i
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	

MONE	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
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 6 Contributor address; City; State; Zith 1413 CIRCLE PARK BUD. FTW; TX	p Code 76164	7 Amount of contribution (\$) 2600 - 00
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruct	ions)
Date 04/06/17	Full name of contributor out-of-state PAC (ID#:_VICTOR FURES Contributor address; City; State; Zi 1313 CIRCLE PARK BLVD, FTW, TX	p Code	Amount of contribution (\$) 500 - 00
Principal occup	eation / Job title (See Instructions)	mployer (See Instructi	ons)
Date 04/19/17	Full name of contributor out-of-state PAC (ID#:	o Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)
Date 63/31/17	Full name of contributor out-of-state PAC (ID#: PETE 5 BECKIE GEREN Contributor address; City; State; Zip 1200 WASHINGTON TERRACE FTW, TX	Code	Amount of contribution (\$) 250 * 00
Principal occup		mployer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction		

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete th	is 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 P.	AC (ID#:)	7 Amount of contribution (\$)	
04/18/17	RAMON GUAJARDO 6 Contributor address; City; Sta	te; Zip Code	250.00	
	4400 NORTHVIEW COURT ALEDO	,TX +6008		
•	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)	
04/23/17	TREY HARRIS, III Contributor address; City; Sta	te; Zip Code	500.00	
	6133 WALLA FORTWORTH	1, TX 76133		
Principal occup	ation / Job title (See Instructions) ATTORNEY	Employer (See Instruct	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
04/10/17	BRAD HICKMAN Contributor address; City; Stat 6777 CAMP BOWIE BUD Frw,	e; Zip Code TX 76116	500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		SELF	,	
Date	i –	C (ID#:)	Amount of contribution (\$)	
04/05/17	Contributor address; City; State	e; Zip Code	250,00	
•	5800 MERRYMOUNT RD. FTW,	TX 76107		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES C			
	If contributor is out-of-state PAC, please see inst	ruction guide for additional r	eporting requirements.	

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E, FLORES		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (III DON JURY 6 Contributor address; City; State; 436 HALTOM RD. FW, TX spation / Job title (See Instructions)	Zip Code 76117	7 Amount of contribution (\$) 500 - 00 ons)
	Full name of contributor out-of-state PAC (IEDON JURY) Contributor address; City; State; 436 HALTOM RD. FTW, TX	Zip Code 76117	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 03/30/17	Full name of contributor out-of-state PAC (ID) PACHECO KOCH Contributor address; City; State; 7557 RAMBLER RD, 5TE, 1400 DA	zip Code WAS, TX 75231	Amount of contribution (\$) $250^{\circ 00}$
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
01111	Full name of contributor out-of-state PAC (ID THOMAS L. KRAMPITZ Contributor address; City; State; 3420 POTOMAC DRIVE FTW, TX	#:	Amount of contribution (\$) 250^{-90}
	ation / Job title (See Instructions)	Employer (See Instructio	ns)
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruct		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLARES 5 Full name of contributor ___ out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 04/26/17 6 Contributor address; City; State; Zip Code 3715 CAMP BOWIE FTW, TX 76167 5000-00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) LINEBARGER GOGGAN BLAIR & SAMPSOIN, LUP Contributor address; City; State; Zip Code P.O. BOX 17426 AUSTIN, TX 78780 2500 -00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) STEVE MURRIN 04/12/17 Contributor address; City; State; Zip Code 250.00 500 N.E. 2320 STREET FTW, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) PAT O'NEAL Contributor address; City; State; Zip Code 675 N. HENDERSON FTW, TX 76107 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LARLOS E. FLORES 5 Full name of contributor ut-of-state PAC (ID#:__ 7 Amount of contribution (\$) BETSY PRICE CAMPAIGN FUND 6 Contributor address; City; State; Zip Code P.O. BOX 100066 PTW, TX 76185 500.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Date Amount of contribution (\$) Date Buddy PuENTE Contributor address; City; State; Zip Code P.O. Box 612248 FTW, TX 75261 250 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) SANTIAGO SALINAS O4/19/17 Contributor address; City; State; Zip Code 601 UNIVERSITY DRIVE FTW, TX 76/07 250 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Ot/09/17 HUMBERTO SERRANO Contributor address; City; State; Zip Code 1000.00 10509 LOS RIOS DRIVE FTW, TX 76179 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 POL	ITICAL CONTI	RIBUTIONS	SCHEDULE A1
The Instruction Guide	explains how to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAME CARLO.	s E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of co FRANK 3 6 Contributor add 4420 FIE	ontributor out-of-state J. & REBECCA Portions; City; St	PAC (ID#:) SN4 ate; Zip Code	7 Amount of contribution (\$) 200 - 00
8 Principal occupation / Job title (Se		9 Employer (See Instruct	ions)
Date Full name of co		PAC (ID#:) PRANT COUNTY	Amount of contribution (\$)
04/21/17 Contributor add 6 350 BA	dress; City; St KERBLVD, FTW, T	ate; Zip Code 7X 76/18	2500.00
Principal occupation / Job title (See	Instructions)	Employer (See Instructi	ons)
Date Full name of contributor add 2940 M,		PAC (ID#:) ate; Zip Code TX, 76244	Amount of contribution (\$)
Principal occupation / Job title (See	Instructions)	Employer (See Instructi	ons)
Date Full name of cor	ntributor out-of-state P		Amount of contribution (\$)
03/29/17 Contributor add	ress; City; Sta	7X 76185	750.00
Principal occupation / Job title (See	Instructions)	Employer (See Instruction	ons)
		OF THIS SCHEDULE AS NEE struction guide for additional re	

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 CARIOS E. FLORES 7 Amount of contribution (\$) 4500 00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) O PAC Contributor address; City; State; Zip Code 301 COMMERCE STREET FTW, TX 76102 500-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) BETSY PRICE CAMPAIGN FUND 04/26/17 Contributor address; City; State; Zip Code P. o. Box 100066 FTW, TX 76185 3000-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) CINDY CRAIN Contributor address; City; State; Zip Code 284 GAIL DRIVE WEATHERFORD, TX 76085 04/06/17 100.00 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.

The Instruction Guide explains how to complete this form. 2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Gout-of-state PAC (IDF:	MONE ⁻	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
CARLOS E , FLORES 4 Date 5 Full name of contributor	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
ANNE T. BASS / ROBERT M. BASS 6 Contributor address; City; State; Zip Code 200 MAIN STREET FTW, TX 76.102 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: TWP AC STE COO Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: TWP AC STE COO Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: TWP AC STE COO Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: TWP AC STE COO Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Amount of contribution (\$)	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date Full name of contributor CVMM ITTEE FOR PUBLIC SAFETY PTWPOA Contributor address; City; State; Zip Code 2501 PARKWIBW DRIVE FTW, TX 7 6102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code	4 Date 04/07/17	5 Full name of contributor out-of-state PAC (ID#: ANNE T. BASS / ROBERT M. BASS 6 Contributor address; City; State; Zip Code 200 MAIN STREET FTW, TX 76102	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date Full name of contributor 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#:	Date 04/14/17	COMMITTEE FOR PUBLIC SAFETY FTWA Contributor address; City; State; Zip Code 2501 PARKVIEW DRIVE FTW, TX 7610	Amount of contribution (\$) 20A 4500 00
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#:	Principal occup		nstructions)
Date Full name of contributor Out-of-state PAC (ID#:	Date		Amount of contribution (\$)
Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	l nstructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions) Employer (See In	nstructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	e ARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1805.56
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description 1805' 56 516NAGE Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	stor'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		Amount of . In-kind contribution Contribution \$. description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
If	ATTACH ADDITIONAL COPIES OF TI contributor is out-of-state PAC, please see instruction		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Chow to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Rel Travel In District Travel Out Of District Other (enter a category not listed)	elated Expense
1 Total pages Schedule F1:	2 FILER NAME CARLOS E, FLORES	3 Filer ID (Ethics Commiss	sion Filers)
4 Date 03/30/17	5 Payee name CHUYITOS TEXIO		
6 Amount (\$) 1095 • 00	7 Payee address; City; State; Zip	FORT WORTH, TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	(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/OH	Candidate / Officeholder name H CARLOS E, FLORES	Office sought Office he	∍ld
04/01/17	Payee name MICHAEL EVAN	5	
Amount (\$) 144.00	Payee address; City; State; Zip 5052 LAKE ARUWE	STON RD. FUNT WONTH, TX	76119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	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 CANLOS E. FLORES	Office sought Office hel	ld
04/61/17	Payee name KALULE KUBO	TA	
Amount (\$) 110,00	Payee address; City; State; Zip 5252 BROHMAN AVE	code E. FORT WORTH, TX 7610	s 7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	edule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E - FLONES	Office sought Office he	ld
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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling 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) 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 04/15/17 5 Payee name KALULE KUBOTA 6 Amount (\$) 7 Payee address; City; State; Zip Code 5252 BROHMAN AVE, FURT WIRTH, TX 76167 (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 WAGES Check if Austin, TX, officeholder living expense CARLOS E. FLORES Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL 04/08/17 RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKE PRIVE HURST, TX 76053 125.00 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 Candidate / Officeholder name Office held Complete ONLY if direct CARLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH Payee name MARISSA SANCHEZ Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANG FTW, TX 76179 Amount (\$) 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 MAGES Candidate / Officeholder name Office sought Office held Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing B	Expense Wages/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 F1:	CHALDE E. FICAZS		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/17	5 Payee name DAN/EL RODRIGUE	三	
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) $ {\cal M} {\it AGE} {\it S} $		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ORKUS E - FUNTES	Office sought	Office held
04/08/17	Payee name MARTIN HURTA	06	
Amount (\$) 125.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	CARLOZ E. FLONES	Office sought	Office held
04/15/17	Payee name MICHAEL EVANS		
Amount (\$) 1/8:00	Payee address; City; State; Zip Code 5052 LAKE ARUNGTON	RD. Form U	levetH, TX 76119
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	UNCIL
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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 14 CARLOS E. FLORES 4 Date 04/26/17 5 Payee name CHRISTIAN OLIVARES 6 Amount (\$) 7 Payee address; City; State; Zip Con CHRISTIAN OLIVARES 230.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense WAGES Candidate / Officeholder name OAR 105 E - FUSILES Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL MARISSA SANCHEZ Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FTW, TX 76179 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARIDS E. FLORES CITY COUNCIL Payee name DANIEL SANCHET Payee address; City; State; Zip Code Amount (\$) 2106 CANCUN DRIVE MANSFIELD, TX 76063 306.00 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 CONSULTING Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expens Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 4 Date 64/15/17 5 Payee name CHRISTIAN OLIVAS 6 Amount (\$) 1 Total pages Schedule F1: 2 FILER NAME CAR 3 Filer ID (Ethics Commission Filers) City; State; Zip Code (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 EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E, FUNES CITY COUNCIL ELIZABETH SANCHEZ Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063 145-00 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- FLORES CITY COUNCIL Payee name ALEJANDRA ROMERO Payee address; City; State; Zip Code 2806 SHENANDOAH DR. FTW, TX 76014 Amount (\$) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE MAGEL Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By 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 300-00 (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 FEE EXPENDITURE Candidate / Officeholder name CARLOS E. FUNES Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL Payee name MICHAEL EVANS Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FURT WURTH, TX 76119 04/22/17 Amount (\$) 187.50 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** WAGES OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH CARLOZE. FLONES CITY COUNCIL Payee name KALULE KUBOTA Payee address; City; State; Zip Code 5252 BROHMAN AVE. FORT WORTH, TX 76107 150.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE WAGES Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Offi	Expense Wages/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 F1:	2 FILER NAME CARLOS E, FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/17				
6 Amount (\$) 25-00	7 Payee address; City; State; Zip Code 2806 RACE ST - FONT WO	netH, TX	76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION *		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARUS E - FUSNES	Office sought CITY COUN	Office held	
Date 04/18/17	Payee name RACHEL DEURA			
Amount (\$) 75.00	Payee address; City; State; Zip Code 3 208 RIVBRLAKE PRIVE F	turst, tx	76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PHOTOGRA PHY		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E - FLORES	Office sought	Office held	
04/22/17	Payee name EUZABETH SANCHE	Z		
Amount (\$) 330-00	Payee address; City; State; Zip Code 2106 CANCUN BRIVE MA	USFIELD, TI	X 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CANUS E, FUNES	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Sy Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor o 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:	<u> </u>		3 Filer ID (Ethics Commission Filers)
4 Date 64/01/17			
6 Amount (\$) /05 * 06	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name OARLOS E - FUTLES	Office sought CITY CO	Office held
04/01/17 Payee name 04/01/17 MARISSA SANCHEZ			
Amount (\$) 57.00	Payee address; City; State; Zip Code 5177 BRITTON RID 66	3 LANE	PTW, TX 76179
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES		side 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
04/01/17	Payee name ALEJANORA Rom	ERO	
85 · 50	Payee address; City; State; Zip Code 2806 SHEWANDOAH DR.	FTW, TX	76014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FURES	Office sought CITY COUN	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Travel In District Pollina Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 2 FILER NAME CARLOS E- FLORES 5 Payee name DANIEL SANCHEZ 7 Payee address; City; State; Zip Code 2106 CANCUN PRIVE MANSFIELD, TX 76063 3 Filer ID (Ethics Commission Filers) (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 COWSULTING EXPENDITURE Candidate / Office holder name CAN LOS E - FLORES CITY COUNCIL Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITY OF FURT WORTH Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** FEE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOZ E. FLORES CITY COUNCIL ELIZABETH SANCHEZ City; State; Zip Code 2166 CANCUN DRIVE MANSFIELD, TX 76063 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. FURES CITY COUNCIL 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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, FISHES 5 Payee name MICHAEL EVANS 7 Payee address; City; State; Zip Code 5052 LAKE ARLINGTON RD. FONT WORTH, TX 76/19 (b) Description (a) Category (See Categories listed at the top of this schedule) 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 CITYCOUNCIL expenditure to benefit C/OH CARLOS E. FLORES RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKE PRIVE HURST, TX 76053 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE PHOTOGRAPHY 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 Date DANIEL SANCHEZ Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76063 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CONSULTING 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 - FLOABS CITY COUNCIL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By 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 ELIZABETH SANCHEZ 7 Payee address; City; State; Zip Code 2106 CANCUN DRIVE MANSFIELD, TX 76663 (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 OF EXPENDITURE Office sought CITY COUNCIL Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CHRISTIAN OLIVAS Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** WAGES Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Pavee name ALEJANORA ROMERO Payee address; City; State; Zip Code 2806 SHENANDOAH DR. FUNT WONTH, TX 76184 Amount (\$) Category (See Categories listed at the top of this schedule) Description

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WAGES

Candidate / Officeholder name

expenditure to benefit C/OH CAKIOS E. FLORES

PURPOSE

EXPENDITURE

Complete ONLY if direct

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

CITY COUNCIL

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Ontributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District			Transportation Equipment & Related Expense Travel In District		
1 Total pages Schedule F1:	CARLOS E, FLOABS		3 Filer ID (Ethics Commission Filers)		
4 Date 63/30/17	5 Payee name CARLOS SAENZ				
6 Amount (\$) 1400 * 00	7 Payee address; City; State; Zip C 2418 CLINTON AVE. F	code FURT WORTH,	TX 76164		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel out	(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/O	Candidate / Officeholder name H CARLOS E. FLORES	Office sought CITY COU	Office held		
04/15/17	Payee name MARTIN HURTAD	0			
Amount (\$) 145 · <u>00</u>	Payee address; City; State; Zip C	Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held		
04/15/17	Payee name WARISSA SANCH				
Amount (\$) 180.00	Payee address; City; State; Zip C		x 76179		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E . FLORES	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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FUNES 3 Filer ID (Ethics Commission Filers) NURPHY NASICA 7 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 (b) Description Check if travel outside of Texas. Complete Schedule T. PRINTING EXPENSE PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL 04/03/17 MURPHY NASICA Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 STE 364 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE CONSULTING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct CARLOS E. PLORES CITY COUNCIL expenditure to benefit C/OH MURPHY NASICA Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 STE 304 Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense PRINTING EXPENSE Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense I ravel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	ns how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E, F	CORES 3 Filer ID (Ethics Commission Filers)
4 Date 04/04/17	5 Payee name US POSTAL	
6 Amount (\$) 901 · 20	7 Pavee address: City: State: Zi	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	chedule) (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/OH	Candidate / Officeholder name CAR LOS E. FLARES	Office sought Office held
04/17/17	Payee name US POSTAL SER	LV/CE
Amount (\$) 631.30	Payee address; City; State; Zig Fboo MARK IV PARKU	ip Code WAY FTW, TX 76106
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Chedule) 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 CHR US E. FLONES	Office sought Office held CITY COUNCIL
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip	p Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Chedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Pollitica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how 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 F2: 2 FILER NAME CARLOS E. FLORES			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$				
5 Date 6 Payee name Of 106/17 MURPHY NASICA				
7 Amount (\$) 8 Payee address; City; State; Zip Code 500.00 8 Payee address; City; State; Zip Code 8 15-A BRAZOS ST. AUSTIN, TX 73701				
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	OF \			
11 Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL				
Date 04/03/17	Payee name MURPHY NASI	CA		
Amount (\$) Payee address; City; State; Zip Code 11,950.01 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701				
TYPE OF EXPENDITURE Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this FEES TRAVEL IN DISTRICT	Check if t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CARLOS E. FLORES CAY COUNCIL				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015				

UNPAID INCURRED OBLIGATIONS

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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)		
·			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIG	ATIONS	\$		
5 Date 64/14/17	5 Date 6 Payee name 04/14/17 MURPHY WASICA				
7 Amount (\$) 8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701					
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s PRINTING EXPENSE	Check if	on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH CARLOS E- FLORES CITY COUNCIL					
Date 04/13/17	Payee name MURPHY NASI	cA			
Amount (\$) 162.33	Payee address; City; State; Zi	p Code	78701		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if	rn Iravel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought CITY CON NCIL	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how 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 F2:	2 FILERNAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$				
5 Date 04/15/17	6 Payee name MURPHY NASICA	*			
04/15/17 MURPHY NASICA 7 Amount (\$) 8 Payee address; City; State; Zip Code 8 15-A BAA 70S ST. AUSTIN, TX 78701					
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name CARLOS E. FURES	Office sought CITY COUNCI	Office held		
04/21/17	Payee name MURPHY NASIG	eA			
Amount (\$) 3 545 · 19	Payee address; City; State; 815-A BRAZOS S	T. AUSTIN, 7	X 78701		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Check if t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name OARLOS E. FLORES	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
04/18/17	5 Payee name ALL SAINTS CATHOLIC SC	.H 00L		
6 Amount (\$)	7 Payee address; City; State; Zip Code		- /	
700.00	2006 N. HOUSTON ST. FOR	T WORTH,	TX 76164	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	required.)	instructions regarding type of information	
OF EXPENDITURE	CONTRIBUTION / DONATION	CONTRIBUTION BY CAN	DONATIONS MADE NDIDATE	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information	
Date	Payee name	and the second s		
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of information	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type of information	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED