CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

OFFICIAL RECORD

FORM C/OH CITY SECRETARY COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	MS / MRS /MR FIRST	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST FLORES	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		FORT WORTH, TX 76164	RECEIVED JUL 26 2019 CITY OF FORT WORTH CITY SECRETARY			
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 688-2347	EXTENSION [Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	мі	Receipt # Amount \$ Date Processed			
NAME	NICKNAME LAST BAINTER	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE; FORT WORTH, TX	ZIP CODE 76179			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (682) 365 - 3536	EXTENSION				
9 REPORT TYPE	July 15 30th day before elected at the state of the state		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 61 / 15 / 2019	THROUGH OG	Day Year 35 / 2019 -CF			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DISTRICT 2	13 OFFICE SOUGHT (if known)				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CARIOS	€.	From	RES		15 Filer	ID (Et	thics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DIDATE / OF	FICEHOLDER.	THESE EXPENDITURES	S MAY HAVE BEEN MADE	WITHOUT TH	HE CANE	POLITICAL COMMITTEES TO DIDATE'S OR OFFICEHOLDER'S NOLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMIT	TEE NAME					
	GENERAL							
	SPECIFIC	сомміт	TEE ADDRES	ss				
		COMMIT	TEE CAMPAI	GN TREASURER NAM	ΛE	***************************************		
Additional Pages								
		COMMIT	TEE CAMPAI	IGN TREASURER AD	DRESS			¥
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICA S, LOAN	L CONTRIB S, OR GUA	BUTIONS OF \$50 C	OR LESS (OTHER T	HAN MIZED	\$	120.00
				RIBUTIONS DANS, OR GUARA	NTEES OF LOANS)		\$	22245.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					8	\$	640'00 6264'86 5904, 17
	4. TOTAL POLITICAL EXPENDITURES						\$	6264,86
CONTRIBUTION BALANCE		OLITICAL ORTING		UTIONS MAINTAIN	IED AS OF THE LAS	ST DAY	\$	590f. 17
OUTSTANDING LOAN TOTALS				OF ALL OUTSTANI ING PERIOD	DING LOANS AS OF	THE	\$	
Notar V Com	MARY J. KAYSER y Public, State of Te m. Expires 01-11-2	exas		true and corre				accompanying report is ed to be reported by me
OF THE PARTY OF	Notary ID 3896065			-	Signature of Ca	andidate o	or Offic	ceholder
AFFIX NOTARY STAME	P/SEALABOVE		1		2/11	1		2/24
Sworn to and subscr	ibed before me, b	y the sa	aid (1)	Mos	TIBLE		, this	the Zu
day of	, 20 / , t	o certify	which, w	itness my hand	and seal of office	э.		2 .
Make	the sol	_ /	MAR	JA	USTR	d	S	auto
Signature of officer as	dministering oath	Pr	rinted name	e of officer admini	istering oath	Title	of of	ficer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN		20 Filer ID (Ethics Commission Filers)				
		CARLOS E. FLORES					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.		\$					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.		\$					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.		\$ 6264.86 \$ 10919.95					
7.		CONTRIBUTIONS	\$				
8.			\$				
9.		\$					
10.		BUSINESS OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2950.00			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS É. FLORES	,	3 Filer ID (Ethics Commission Filers)
4 Date 62/13/19	5 Full name of contributor out-of-state PAC MARK R. PRESS COOR 6 Contributor address; City; State; 2940 MISTYS RUN FUNT W	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date		(ID#:)	Amount of contribution (\$)
02/13/19	CARLOS & CECILIA SA Contributor address; City; State	Zip Code	50.00
Principal occup	1819 GRAND AVENUE FURT Dation / Job title (See Instructions)	Employer (See Instruct	
Date 02/13/M	Full name of contributor out-of-state PAC Bob MADEJA Contributor address; City; State; P. o. Box 471285 Foreward	404	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/13/19	DONALD K. JURY	(ID#:) ; Zip Code VOSTH, TX 76/17	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/19	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
02/13/19	TRAVIS D. CLEGG Contributor address; City; State; Zip Code 4020 VOK CT. FORT WORTH, TX 7-624	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	1 m
Date	Full name of contributor	
02/12/19	HAMMEN AND NAILS CLUB-CAND. Contributor address; City; State; Zip Code 100 E-15 TH ST. For want, TX 7610	250 00
	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/13/19	Contributor address; City; State; Zip Code 3601 HULEN STREET FORTWORTH TX 761	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	structions)
		,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	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 (II	D#/	7 Amount of contribution (\$)
02/12/19	5 U SAN 5 M ITH 6 Contributor address; City; State; 7 7 36 FM 428 DENTON, TO	Zip Code X 76 208	1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/12/19	Contributor address; City; State; 2701 CALDER OF FORT WOR	Zip Code 2TH, TX 76107	250.00
	eation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	_	D#:)	Amount of contribution (\$)
02/13/19	THOMAS RUELAS Contributor address; City; State; 1812 NE 36TH FORT WO	Zip Code XTH, 74 76106	50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 0 2/11/19			Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

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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 (\$)
03/26/19	PRESTON M. GEREN 6 Contributor address; City; State; Zip Code 1200 WASHINGTON TER. FORT WORTH,	-	250 :00
	1200 WASHINGTON TER. FORT WORTH,	11 46169	
8 Principal occu	pation / Job title (See Instructions) 9 Employ	rer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
02/12/19	PARNEY HOLLAND, JR. Contributor address; City; State; Zip Code 1301 THROCKMORTON FORT WORTH, T.		250 :00
	1301 THROCKMORTON FORT WORTH, T.	x 76102	
Principal occup	, , , , , , , , , , , , , , , , , , , ,	er (See Instructi	ions)
Date	Full name of contributor)	Amount of contribution (\$)
63/04/19	COMMITTEE FOR PUBLIC SAFE Contributor address; City; State; Zip Code 2501 PARKVIEW DRIVE FORT WORTH,		5000.00
	2501 PARKVIEW DRIVE FORTWORTH,	TX 76102	
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructi	ions)
		T	
Date	Full name of contributor out-of-state PAC (ID#: MIKE AND ROSIE MONCRIEF)	Amount of contribution (\$)
02/08/19	Contributor address; City; State; Zip Code		250.00
	777 TAYOR STREET FORTWORTH, T.	x 76102	
Principal occup		er (See Instructi	ons)
	,		

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLURES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/25/19	WILLIAM MEADONS 6 Contributor address; City; State; Zip Code 121 RIVERCREST DR. FURT WORTH TX 7610	250.00
	pation / Job title (See Instructions) 9 Employer (See Instructions) SELV	tructions)
Date	Full name of contributor	/ intoditi of continuation (ϕ)
02/13/19	H.B. BAKER Contributor address; City; State; Zip Code 21 E. EXCHANGE AVE. FORT WORTH, TX 761	1000.00
/	121 E. EXCHANGE AVE. FORT WORTH, TX 761	* CAF
	pation / Job title (See Instructions) Employer (See Instructions)	•
Date	Full name of contributor	Amount of contribution (\$)
61/18/19	FRAT WORTH FIREFISHTERS COMMITTEE Contributor address; City; State; Zip Code 3855 TULSA WAY FORT WORTH, TX 7610	1000 00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 07 mlg	Full name of contributor	Amount of contribution (\$)
- 27.911	2617 TEAKWOOD TRCE FORT WONTH, TX 7	76112
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) SELF	ructions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FronEs		3 Filer ID (Ethics Commission Filers)
4 Date 62/13/19	JUDY G. NEEDHAM	Zip Code	7 Amount of contribution (\$)
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction RETIRED	
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
02/13/19	Contributor address; City; State 3321 RYAN AVE. FUEL I	zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	FOR THE BUND
Date 02/25/19	Full name of contributor out-of-state PAC Funt wmath FIRE FIGHTERS Contributor address; City; State 3855 TULSA WAY Funt Work	CID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date 02/25/19	Full name of contributor out-of-state PAC MARLENE L. BECKN Contributor address; City; State 2300 MEDFORD CT. EAST FR	XAN ; Zip Code	Amount of contribution (\$) 500
Principal occup	I pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 16 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME PARLOS E. FLORES 5 Full name of contributor ___ out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 4 Date 6 Contributor address; City; State; Zip Code 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) PSEL PAC Contributor address; City; State; Zip Code 201 N. MAIN ST. FORT WARTH, TX 76102 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:___ Full name of contributor Amount of contribution (\$) TOE PANIAGUA Contributor address; City; State; Zip Code 8125 MONNIT SHASTA CINCLE FUNTWONTH, TX 76137 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF Date Amount of contribution (\$) out-of-state PAC (ID#:_____ Contributor address; City; State; Zip Code 6301 SUN VAUEY DR. FORT WORTH, TX 76119 500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	CARLOS E. FLORE	ES			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
05/06/19	FTW RETIRED FIREFIGHTERS & 6 Contributor address; City; State; 1617 TIELNEY RD. FORTWORTS	WIDOWS COMM. Zip Code 4, TX 76112	1000.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	B	(ID#:)	Amount of contribution (\$)		
64/29/19	Contributor address; City; State; 2700 COUNTRY CLUB CIRCLE FOR	Zip Code	250.00		
Principal occup	pation / Job title (See Instructions)	ions)			
Date		(ID#:)	Amount of contribution (\$)		
02/08/19	BRIAN RAN DOLPH Contributor address; City; State; 2650 MEACHAM BLVD. FORT WOR	Zip Code 2014, TX 76137	1000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	_	(ID#:)	Amount of contribution (\$)		
02/04/19	TUAN PEREZ Contributor address; City; State; 9108 CLIFFSIDE CEDAR HILL	Zip Code 2, TX 75104	250.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ REED W. PIGMAN 6 Contributor address; City; State; Zip Code 200 TEXAS WAY FORT WORTH, TX 76106 1000,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SELF Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) ALFRED SAEN 7 Contributor address; City; State; Zip Code 407 THROCKMORTON ST. FORT WORTH, TX 76102 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF Date Amount of contribution (\$) RICHARD ABRAMS 02/04/19 Contributor address; City; State; Zip Code 6145 WEDGWOOD DRIVE FURT WHATH, TX 76133 500 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) SQUARE INC. Contributor address; City; State; Zip Code 100 .00 SAN FRANCISCO, CA Principal occupation / Job title (See Instructions) Employer (See Instructions) PAYMENT SERVICES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_____ PON ALLEN 6 Contributor address; City; State; Zip Code 7302 TIDAL TRACE ARLINGTON, TX 76016 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:__ Date Full name of contributor Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES 5 Payee name MARIO X. PEREZ 7 Payee address; City; State; Zip Code 02/07/19 7 Payee address; 5TH AVE. FORT WORTH, TX 845.26 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense PRINTING EXPENSE **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLURES CITY CON NCIL Payee name 02/07/19 Amount (\$) RIVER RANCH - CONTOWN CONCESSIONS, INC. Payee address; City; State; Zip Code 500 NE 23RD ST. FORT WORTH, TX 76164 1528.50 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 OF FOUR BEVERAGE EXPENSE **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FURES CITY COUNCIL Payee name 02/13/19 RIVER RANCH - CONTOWN CONCESSIONS, INC. City; State; Zip Code Amount (\$) 500 NE 23RD BT. FORT WORTH, TX 76164 126.10 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense FOOD BEVERAGE EXPENSE **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct CARLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE	CATEGO	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	F F Sy G	ivent Expense iees ood/Beverage Expense iift/Awards/Memorials Exp egal Services	(Foense	Office Over Polling Exp Printing Ex		Transportatior Travel In Distr Travel Out Of	
Credit Card Payment		The Instruction Guid	e explains	how to co	omplete this form.		
1 Total pages Schedule F1	: 2 FILER NAM	CARLOS	E.	FLOR	iES	3 Filer ID	(Ethics Commission Filers)
4 Date 05/13/19	5 Payee nam						
6 Amount (\$)	P. O. Bo	ess; City; S X 162253	State; Zip	Code WOA	TH, TX 76	161	
8 PURPOSE OF EXPENDITURE		tee Categories listed at the l	•	edule)		outside of Texas. Com in, TX, officeholder	• 1
9 Complete ONLY if direct expenditure to benefit C/O	Candidate	e/Officeholder name ARLOS E. F	FLORE.	S	Office sought		Office held
Date	Payee name	Э					
04/30/19		ANNE DI	AR (CAM	PA16N		
Amount (\$)	Payee addr	ess; City; S	state; Zip	Code			
PURPOSE OF EXPENDITURE		ee Categories listed at the t			一	utside of Texas, Com _l n, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name		les	Office sought		Office held CITY COUNCIL
Date 06/10/19	Payee nam	LOXSTAR N	NARKE	ETING	3		
Amount (\$) 350 · 00	Payee addre	ess; City; S 162253	tate; Zip (Code WOR	TH, TX 7	6161	
PURPOSE OF EXPENDITURE		ee Categories listed at the t		edule)		utside of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/Oh		/ Officeholder name		2	Office sought		Office held CITY COUNCIL
		CH ADDITIONAL C			CHEDULE AS NEI	EDED	
							D 1 - 1 0/0/0015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Polling Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES TOBI JACKSON CAMPAIGN 02/21/19 6 Amount (\$) 7 Payee address; 100.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF CONTRIBUTION / DONATION **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES Payee name 01/14/19 CITY OF FORT WORTH - CITY SECRETARY City; State; Zip Code Amount (\$) 200 TEXAS STREET FURT WORTH, TX 76101 160.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF FEES Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL CARLOS E. FLORES 02/07/19 ROXSTAR MARKETING City; State; Zip Code Amount (\$) P.O. BOX 162253 FORT WORTH, TX 76161 350.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense SALARIES /WAGES **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL CARLOS E. FLORES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Accounting/Banking Food/Beverage Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CHRIOS E. FUNES 4 Date ROXSTAR MARKETING 7 Payee address; City; State; Zip Code P. O. BCX 162253 FORT WORTH, TX 76161 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF SALARIES /WAGES **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct CARLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH Payee name C. J. EVANS CAMPAIEN City; State; Zip Code Payee address; 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 OF CONTRIBUTION / DONATION EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLONES CITY COUNCIL 04/30/19 TOBI TACKSON CAMPAIGN City; State; Zip Code 700.00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF CONTRIBUTION / DONATION Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 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 CA	regories i	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food y Gift/A	t Expense /Beverage Expense wards/Memorials Expense I Services	Office Ove Polling Ex Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card i ayinent	The	e Instruction Guide exp	lains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME	clos E. F	-LORES		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/19	5 Payee name	RLOS E. F	VS CA	MPALGN	
6 Amount (\$)	7 Payee address				
100.00	(A) Co. b		hts ada dalah	(h) Description	
8 PURPOSE	(a) Category (See C	Categories listed at the top of t	his schedule)		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
OF EXPENDITURE	CONTRIB	BUTION /DON	ATION	Check ii Austir	i, IX, unicaruluar living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / C	Officeholder name	FIORES	Office sought	Office held CITP COUNCIL
Date	Payee name				
05/04/19	K	ELLY ALLEN	GRAY	CAMPAI	GN
Amount (\$)	Payee address	; City; State;	Zip Code		
100.00					
PURPOSE	Category (See C	categories listed at the top of th	nis schedule)		tside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBL	UTION/DONAT	76N	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct	Candidate / C	Officeholder name		Office sought	Office held
expenditure to benefit C/OH	CF	ARLOS E. FI	LORES		CITY COUNCIL
Date	Payee name				
62/11/19	RAC	HEL DELIK	RA		
Amount (\$)	Payee address	; City; State;	Zip Code		
150.00					
DUDDOGE	Category (See C	ategories listed at the top of th	is schedule)	Description Check if travel out	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	SALARIES/I	NAGES/CONTRA	ct LABOR		TX, officeholder living expense
Complete ONLY if direct	Candidate / (Officeholder name		Office sought	Office held
expenditure to benefit C/OH		LLOS E. FLOR	ES		CITY COUNCIL
	ATTACH	ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

		EXPENDITU	JRE CATEO	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fed Fod By Gif	ent Expense es od/Beverage Exper t/Awards/Memorial gal Services		Office Over Polling Exp Printing Exp		Transportatio Travel In Dist Travel Out O	
Credit Card Payment	Т	he Instruction (auide explain	s how to co	mplete this form.		
1 Total pages Schedule F1:		CARLOS.	E. FL	ORES		3 Filer ID	(Ethics Commission Filers)
4 Date 63/11/19	5 Payee name	RACHEL					
6 Amount (\$) 50 20	7 Payee addre	ss; City	; State; Zi	p Code			
8 PURPOSE OF EXPENDITURE	(a) Category (Se			***		utside of Texas. Cor n, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/Ol		Officeholder na		NES	Office sought		Office held CITY OUNCIL
Date	Payee name						
04/09/19	RI	ACHEL	DEUR	A			
Amount (\$)	Payee addres	ss; City	; State; Zi _l	p Code			
150.00							
PURPOSE		e Categories listed a				tside of Texas. Com	
OF EXPENDITURE	SALARIES	/WAGES,	CONTRA	CT LARON	Check if Austin	, TX, officeholder	living expense
Complete ONLY if direct	Candidate /	Officeholder na	ame		Office sought		Office held
expenditure to benefit C/OF	CA	HRLOS E.	FLORE.	S			CITY COUNCIL
Date	Payee name						
05/12/19	K	ACHEL	DELIRA	4			
Amount (\$)	Payee addres	ss; City;	; State; Zip	p Code			
80.00							
PURPOSE	Category (See	Categories listed at	the top of this sc	chedule)	Description Check if travel out	tside of Texas. Com	plete Schedule T.
OF EXPENDITURE	SALARIES/	wages/c	ONTRACT	LABOR	Check if Austin,	, TX, officeholder	living expense
Complete ONLY if direct	Candidate /	Officeholder n	ame		Office sought		Office held
expenditure to benefit C/OF	CAR	Los E. F	iores				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 Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers) 5 Payee name FACE BOOK PAYMENTS, TAIC. 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense FEES EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES Payee name 05/27/19 ACT BLUE Payee address; City; State; Zip Code Amount (\$) P.O. BOX 441146 SOMERVILLE, MA 02144 175.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense CONTRIBUTION / DONATION **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee name 06/21/19 FACEBOOK PAYMENTS, INC. Amount (\$) Payee address; City; State; Zip Code 300.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct CMY COUNCIL CARLOS E. FLORES expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Advertising Expenses Advertising Expenses Advertising Expenses Contributing Sensing Contribut				
According Charring Contribution Donations Made by Condidate Office holdson Political Contribution Donations Made by Condidate Office holdson Political Contribution Donations Made by Condidate Office holdson Political The Instruction Guide explains how to complete this form. 1 Total pages Schedule P2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 06/06/17 6 Payee name MURPHY NA SICA 7 Amount (8) 8 Payee address: City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 5 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Date 06/19/17 Payee name CARLOS E- FLORES CHY COUNCIL Payee address: City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX, descended riving opporate CARLOS E- FLORES CHY COUNCIL Payee name CARLOS E- FLORES CHY COUNCIL PURPOSE OF EXPENDITURE Complete ONLY if direct Opposition Control thanks of local category (See Categories listed at the top of this schedule) CONSULTING EXPENSE CHY COUNCIL CHY COUNCIL Complete ONLY if direct Opposition Control thanks of local category (See Categories listed at the top of this schedule) CONSULTING EXPENSE Complete ONLY if direct Opposition Control thanks of local category (See Categories listed at the top of this schedule) CONSULTING EXPENSE Complete ONLY if direct Opposition to benefit CICH CARLOS E- FLORES CITY COUNCIL Complete ONLY if direct Opposition to benefit CICH CARLOS E- FLORES CITY COUNCIL CARLOS E- FLORES CITY COUNCIL CARLOS E- FLORES CITY COUNCIL		EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Ob/ob/17 Amount (8) Candidate / Officeholder name CARLOS E - FLORES Complete ONLY if direct expenditure to benefit Groth Page again Page again Candidate / Officeholder name CARLOS E - FLORES Complete ONLY if direct expenditure Page again Category (See Categories listed at the top of this schedule) Page again Page again Category (See Categories listed at the top of this schedule) Page again Complete ONLY if direct expenditure to benefit Groth Cardidate / Officeholder name		The Instruction Guide explain	s how to complete this form.	
5 Date 06/06/17 6 Payee name MURPHY NA SICA 7 Amount (8) 49/19.93 8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 STE.304 9 TYPE OF EXPENDITURE 10 10 10 11 Complete ONLY if direct expenditure to benefit CiOH CARLOS E-FLORES 11 Confidence of the schedule) CARLOS E-FLORES 11 Complete ONLY if direct complete only appears and the complete only of the schedule) CARLOS E-FLORES 11 Complete ONLY if direct complete only only only only only only only only	1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
7 Amount (8) 4919.95 8 Payee address; City; State; Zip Code 4919.95 8 Payee address; City; State; Zip Code 8 15-A BRAZOS ST. AUSTIN, TX 78701 TYPE OF EXPENDITURE 10 10 PURPOSE OF EXPENDITURE 11 Complete ONLY if direct expenditure to benefit C/OH Amount (8) Payee address; City; State; Zip Code CARLOS E - FLORES 12 Conference of this schedule) Payee name MURPHY NASICA Amount (8) Payee address; City; State; Zip Code 8 15-A BRAZOS ST. AUSTIN, TX 78701 TYPE OF EXPENDITURE Political Payee address; City; State; Zip Code 8 15-A BRAZOS ST. AUSTIN, TX 78701 TYPE OF EXPENDITURE Candidate / Office beld in Non-Political Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES Candidate / Office beld of Toxas. Complete Schedule T. Office beld in Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL	4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIC	GATIONS	\$
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Date Ob/19/17 Payee name MURPHY NASICA Amount (\$) Payee address: City: State: Zip Code S15-A BRAZOS ST. Austin, TX 78701 STE. 304 TYPE OF EXPENDITURE Purpose OF EXPENDITURE Consulting EXPENSE Candidate / Officeholder name Candidate / Officeholder name CARLOS E - FLORES CITY COUNCIL CARLOS E - FLORES CITY COUNCIL CARLOS E - FLORES CITY COUNCIL	PURPOSE OF		Check if	travel outside of Texas. Complete Schedule T.
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	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule I:	2 FILER NAME CARLOS E - FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/19	5 Payee name T. P. Golf To	DURNAMENT
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	(b) Description (See instructions regarding type of information required.)
Date 05/03/19	Payee name TETANO GOLD RA	-010
Amount (\$)	Payee address; City; State; Zip Code 1409 ELLIS AVE, FORT U	ORTH, TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.)
Date 03/17/19	Payee name DIAMOND HILL - JAK	IVIS BOOSTER CLUB
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.)
Date 63/28/19	Payee name ACH SERVICES	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DON ATTON	Description (See instructions regarding type of information required.)

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4 Date 02/28/19	5 Payee name UNBOUND FORT W	VORTH
6 Amount (\$)	7 Payee address; City; State; Zip Code 5023 TRAIL LAKE DR. +	FORT WORTH, TX 76133
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION PONATION	(b) Description (See instructions regarding type of information required.)
Date 03/19/19	Payee name LAMB OF GOD	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.)
Date 03/18/19	Payee name ROUND 1 BOXING	
Amount (\$)	Payee address; City; State; Zip Code 3952 WOSLEY DR. FORT	WORTH, TX 76133
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)
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Amount (\$) 200.00	Payee address; City; State; Zip Code	
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4 Date	5 Payee name	
02/22/19	BOLT STREET GYM-FO	ORT WORTH POLICE
6 Amount (\$)	7 Payee address; City; State; Zip Code	
50,00	3200 WEST BOLT STREET	FORT WORTH, TX 76110
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	CONTRIBUTION / DONATION	
Date 02/01/19	Payee name	To Control the set of
0401/19	DAY RESOURCE CENT	ER FOR THE HOMELESS
Amount (\$)	Payee address; City; State; Zip Code	5 - 1110 TV 76/03
50,00	1413 E , LANCASTER AVE	. FORT WORTH, TX 76102
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	CONTRIBUTION / DONATION	
Date 02/11/19	Payee name NATIONAL COWBOYS OF	COLOR MUSEUM
Amount (\$)	Payee address; City; State; Zip Code	
300.00	2029 N. MAIN ST. FORT W	NORTH, TX 76104
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	CONTRIBUTION / DONATION	
Date	Payee name	
tian to discuss	The state of the state	Alex M
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.)