

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**FORM C/OH
COVER SHEET PG 1**

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

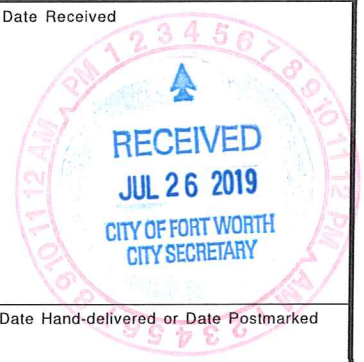
1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

24

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

CARLOS

E

NICKNAME

LAST

SUFFIX

FLORES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

1415 CIRCLE PARK BLVD. FORT WORTH, TX 76164

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

688-2347

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

TOM

NICKNAME

LAST

SUFFIX

BAINTER

7 CAMPAIGN
TREASURER
ADDRESS

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

SECCO DRIVE FORT WORTH, TX 76179

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

365-3536

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

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

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

01 / 15 / 2019

THROUGH

Month Day Year

06 / 30 / 2019
- CEF

11 ELECTION

ELECTION DATE

Month Day Year

05 / 04 / 2019

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL
DISTRICT 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

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

Carlos Flores

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos Flores, this the 26th day of 26, 2019, to certify which, witness my hand and seal of office.

Mary J. Kayser

Signature of officer administering oath

MARY J. KAYSER

Printed name of officer administering oath

Cheryl

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CARLOS E. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22245.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6264.86
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 10919.95
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2950.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARK R. PRESSWOOD

6 Contributor address;

City; State; Zip Code

2940 MISTY'S RUN FORT WORTH, TX 76244

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARLOS & CECILIA SAENZ

Contributor address;

City; State; Zip Code

1809 GRAND AVENUE FORT WORTH, TX 76104

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BOB MADEJA

Contributor address;

City; State; Zip Code

P.O. BOX 471285 FORT WORTH, TX 76147

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DONALD K. JURY

Contributor address;

City; State; Zip Code

436 HALTOM RD. FORT WORTH, TX 76117

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

02/13/19

TOBI WORLEY JACKSON

6 Contributor address;

City; State; Zip Code

2108 YOSEMITE CT FORT WORTH, TX 76112

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/13/19

TRAVIS D. CLEGG

Contributor address;

City; State; Zip Code

4020 VOLK CT. FORT WORTH, TX 76244

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/12/19

HAMMER AND NAILS CLUB - CAND.

Contributor address;

City; State; Zip Code

100 E. 15TH ST. FORT WORTH, TX 76102

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/13/19

JOE RALPH MARTINEZ

Contributor address;

City; State; Zip Code

3601 HULEN STREET FORT WORTH, TX 76107

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/12/19

5 Full name of contributor

SUSAN SMITH

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

7736 FM 428 DENTON, TX 76208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/12/19

Full name of contributor

ROSA NAVEJAR

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2701 CALDER CT FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

02/13/19

Full name of contributor

THOMAS RUELAS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1812 NE 36TH FORT WORTH, TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/19

Full name of contributor

LINE BARGER GOGGAN BLAIR & SAMPSON, LLP

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

P.O. BOX 17428 FORT WORTH, TX 76160

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LABOR FIRM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

03/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PRESTON M. GEREN

6 Contributor address;

City; State; Zip Code

1200 WASHINGTON TER. FORT WORTH, TX 76164

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

02/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BARNEY HOLLAND, JR.

Contributor address;

City; State; Zip Code

1301 THROCKMORTON FORT WORTH, TX 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

03/04/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COMMITTEE FOR PUBLIC SAFETY

Contributor address;

City; State; Zip Code

2501 PARKVIEW DRIVE FORT WORTH, TX 76102

Amount of contribution (\$)

5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MIKE AND ROSIE MONCRIEF

Contributor address;

City; State; Zip Code

777 TAYLOR STREET FORT WORTH, TX 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLURES

3 Filer ID (Ethics Commission Filers)

4 Date

02/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

WILLIAM MEADOWS

6 Contributor address;

City; State; Zip Code

121 RIVERCREST DR. FORT WORTH, TX 76107

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

H.B. BAKER

Contributor address;

City; State; Zip Code

121 E. EXCHANGE AVE. FORT WORTH, TX 76104

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FORT WORTH FIREFIGHTERS COMMITTEE

Contributor address;

City; State; Zip Code

3855 TULSA WAY FORT WORTH, TX 76107

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/14/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES N. AUSTIN

Contributor address;

City; State; Zip Code

2617 TEAKWOOD TRACE FORT WORTH, TX 76112

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JUDY G. NEEDHAM

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

6341 KLAMATH RD. FORT WORTH, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

02/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANAEL LUEBANOS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3321 RYAN AVE. FORT WORTH, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LIGHTHOUSE FOR THE BLIND

Date

02/25/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FORT WORTH FIREFIGHTERS COMMITTEE

Amount of contribution (\$)

1500.00

Contributor address;

City; State; Zip Code

3855 TULSA WAY FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARLENE L. BECKMAN

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2300 MEDFORD CT. EAST FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **10**

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

GOOD GOVERNMENT FUND

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

—

9 Employer (See Instructions)

—

Date

02/05/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PSEL PAC

Contributor address;

City; State; Zip Code

201 N. MAIN ST. FORT WORTH, TX 76102

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

04/30/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOE PANIAGUA

Contributor address;

City; State; Zip Code

8125 MOUNT SHASTA CIRCLE FORT WORTH, TX 76137

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

03/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SANDRA MCGLOTHLIN

Contributor address;

City; State; Zip Code

6301 SUN VALLEY DR. FORT WORTH, TX 76119

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

05/06/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

FTW RETIRED FIREFIGHTERS & WIDOWS COMM.

6 Contributor address;

City; State; Zip Code

1617 TIERNEY RD. FORT WORTH, TX 76112

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

-

9 Employer (See Instructions)

-

Date

04/29/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KASEY PIPES

Contributor address;

City; State; Zip Code

2700 COUNTRY CLUB CIRCLE FORT WORTH, TX 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRIAN RANDOLPH

Contributor address;

City; State; Zip Code

2650 MEACHAM BLVD. FORT WORTH, TX 76137

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/04/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JUAN PEREZ

Contributor address;

City; State; Zip Code

9108 CLIFFSIDE CEDARHILL, TX 75104

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME CHARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/04/19

5 Full name of contributor

REED W. PIGMAN

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

200 TEXAS WAY

City; State; Zip Code

FORT WORTH, TX 76106

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

02/04/19

Full name of contributor

ALFRED SAENZ

☐ out-of-state PAC (ID#: _____)

Contributor address;

407 THROCKMORTON ST. FORT WORTH, TX 76102

City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

02/04/19

Full name of contributor

RICHARD ABRAMS

☐ out-of-state PAC (ID#: _____)

Contributor address;

6145 WEDGWOOD DRIVE FORT WORTH, TX 76133

City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

02/14/19

Full name of contributor

SQUARE INC.

☐ out-of-state PAC (ID#: _____)

Contributor address;

SAN FRANCISCO, CA

City; State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PAYMENT SERVICES

—

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

06/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

DON ALLEN

6 Contributor address;

City; State; Zip Code

7302 TIDAL TRACE ARLINGTON, TX 76016

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 02/07/19	5 Payee name MARIO X. PEREZ	
6 Amount (\$) 845.²⁶	7 Payee address; City; State; Zip Code 5TH AVE. FORT WORTH, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL

Date 02/07/19	Payee name RIVER RANCH - COWTOWN CONCESSIONS, INC.	
Amount (\$) 1528.⁵⁰	Payee address; City; State; Zip Code 500 NE 23RD ST. FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL

Date 02/13/19	Payee name RIVER RANCH - COWTOWN CONCESSIONS, INC.	
Amount (\$) 126.¹⁰	Payee address; City; State; Zip Code 500 NE 23RD ST. FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 05/13/19		5 Payee name ROXSTAR MARKETING			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code P.O. BOX 162253 FORT WORTH, TX 76161			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) WAGES/SALARIES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/30/19		Payee name ANNE DAR CAMPAIGN			
Amount (\$) 250.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 06/10/19		Payee name ROXSTAR MARKETING			
Amount (\$) 350.00		Payee address; City; State; Zip Code P.O. BOX 162253 FORT WORTH, TX 76161			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 02/24/19		5 Payee name TOBI JACKSON CAMPAIGN			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 01/16/19		Payee name CITY OF FORT WORTH - CITY SECRETARY			
Amount (\$) 160.00		Payee address; City; State; Zip Code 200 TEXAS STREET FORT WORTH, TX 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 02/07/19		Payee name ROXSTAR MARKETING			
Amount (\$) 350.00		Payee address; City; State; Zip Code P.O. BOX 162253 FORT WORTH, TX 76161			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES / WAGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/09/19		5 Payee name ROXSTAR MARKETING			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code P.O. BOX 162253 FORT WORTH, TX 76161			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/30/19		Payee name C. J. EVANS CAMPAIGN			
Amount (\$) 50.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/30/19		Payee name TOBI JACKSON CAMPAIGN			
Amount (\$) 700.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 05/04/19		5 Payee name GYNA BIVENS CAMPAIGN			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 05/04/19		Payee name KELLY ALLEN GRAY CAMPAIGN			
Amount (\$) 100.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 02/11/19		Payee name RACHEL DELIRA			
Amount (\$) 150.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/11/19		5 Payee name RACHEL DELIRA			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/09/19		Payee name RACHEL DELIRA			
Amount (\$) 150.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 05/12/19		Payee name RACHEL DELIRA			
Amount (\$) 80.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 05/24/19		5 Payee name FACEBOOK PAYMENTS, INC.			
6 Amount (\$) 60.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 05/27/19		Payee name ACT BLUE			
Amount (\$) 175.00		Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE, MA 02144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 06/21/19		Payee name FACEBOOK PAYMENTS, INC.			
Amount (\$) 300.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 06/06/17	6 Payee name MURPHY NA SICA
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7 Amount (\$) 4919.95	8 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 STE. 304
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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Date 06/19/17	Payee name MURPHY NASICA
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Amount (\$) 6000.00	Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 STE. 304
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/19	5 Payee name T. P. GOLF TOURNAMENT	
6 Amount (\$) 150.00	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 TEJANO GOLD RADIO	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 1409 ELLIS AVE. FORT WORTH, 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 - JARVIS BOOSTER CLUB	
Amount (\$) 100.00	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 03/28/19	Payee name ACH SERVICES	
Amount (\$) 50.00	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.)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/19	5 Payee name UNBOUND FORT WORTH	
6 Amount (\$) 100.00	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/DONATION	(b) Description (See instructions regarding type of information required.)
Date 03/18/19	Payee name LAMB OF GOD	
Amount (\$) 300.00	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 (\$) 150.00	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.)
Date 02/24/19	Payee name DREAMING THE CURE	
Amount (\$) 200.00	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.)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/19	5 Payee name BOLT STREET GYM - FORT WORTH POLICE	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 3200 WEST BOLT STREET FORT WORTH, TX 76110	
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 02/01/19	Payee name DAY RESOURCE CENTER FOR THE HOMELESS	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1415 E. LANCASTER AVE. FORT WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.)
Date 02/11/19	Payee name NATIONAL COWBOYS OF COLOR MUSEUM	
Amount (\$) 300.00	Payee address; City; State; Zip Code 2029 N. MAIN ST. FORT WORTH, TX 76104	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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