

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>18</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>  </u> FIRST <u>CARLOS</u> MI <u>E</u> NICKNAME LAST SUFFIX <u>FLORES</u>		<b>OFFICE USE ONLY</b>  Date Received     Date Hand-delivered or Date Postmarked   Receipt # Amount \$  Date Processed  Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(682)</u> <u>233-1350</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>  </u> FIRST <u>ANDREA</u> MI <u>  </u> NICKNAME LAST SUFFIX <u>ESPINOZA</u>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2720 NW 25TH STREET FORT WORTH, TX 76106</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817)</u> <u>658-6978</u>										
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year    Month Day Year <u>07 / 01 / 2022</u> THROUGH <u>12 / 31 / 2022</u>										
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description <u>05 / 01 / 2023</u> <u>General</u> Special										
12 OFFICE	OFFICE HELD (if any) <u>CITY COUNCIL DISTRICT 2</u>	13 OFFICE SOUGHT (if known) <u>CITY COUNCIL DISTRICT 2</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

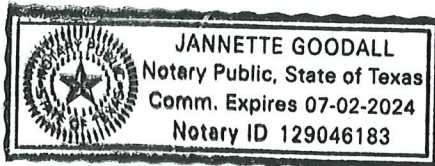
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>CARLOS E. FLORES</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>34,500<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3684.03</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>30,577.11</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 SIGNATURE 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.

*[Signature]*

Signature of Candidate or Officeholder



Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carlos Flores this the 17 day of January, 20 23, to certify which, witness my hand and seal of office.

Jannette S. Goodall Jannette S. Goodall Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,500. <sup>00</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4.	SCHEDULE E: LOANS	\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3684.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2878.91
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/02/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>POLITICAL ACTION COMMITTEE PACHECO KOCH</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>7557 RAMBLER RD. DALLAS TX 75231</b>		
8 Principal occupation / Job title (See Instructions) <b>—</b>		9 Employer (See Instructions) <b>—</b>
Date <b>12/12/22</b>	Full name of contributor out-of-state PAC (ID#: <b>DENISE &amp; CHARLIE CAMPBELL</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5600 LAKESIDE DRIVE FORT WORTH TX 76179</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/13/22</b>	Full name of contributor out-of-state PAC (ID#: <b>THOMAS &amp; ELLEN HARRIS</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>8040 VALLEY DRIVE N. RICHLAND HILLS TX 76182</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/12/22</b>	Full name of contributor out-of-state PAC (ID#: <b>WILLIAM K. BURTON</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>5 WESTOVER ROAD FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/12/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>RUSSELL LAUGHLIN</b>	7 Amount of contribution (\$) <b>1000.00</b>
6 Contributor address; City; State; Zip Code <b>3717 FOX HOLLOW STREET FORT WORTH TX 76109</b>		
8 Principal occupation / Job title (See Instructions) <b>—</b>		9 Employer (See Instructions) <b>—</b>
Date <b>12/22/22</b>	Full name of contributor out-of-state PAC (ID#: <b>BERRY LIVING TRUST</b>	Amount of contribution (\$) <b>1500.00</b>
Contributor address; City; State; Zip Code <b>6217 GENOA ROAD FORT WORTH TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>—</b>		Employer (See Instructions) <b>—</b>
Date <b>12/22/22</b>	Full name of contributor out-of-state PAC (ID#: <b>DEE KELLY, JR.</b>	Amount of contribution (\$) <b>1500.00</b>
Contributor address; City; State; Zip Code <b>5756 MERRYMOUNT RD. FORT WORTH TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF</b>
Date <b>12/16/22</b>	Full name of contributor out-of-state PAC (ID#: <b>NEILS AGATHER</b>	Amount of contribution (\$) <b>1500.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>—</b>		Employer (See Instructions) <b>—</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/20/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>JOHN &amp; CAMI GOFF</b> 6 Contributor address; City; State; Zip Code <b>500 COMMERCE STREET FORT WORTH TX 76102</b>	7 Amount of contribution (\$) <b>1500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>SELF</b>
Date <b>12/16/22</b>	Full name of contributor out-of-state PAC (ID#: <b>GEORGE YOUNG, JR.</b> Contributor address; City; State; Zip Code <b>P.O. BOX 123610 FORT WORTH TX 76121</b>	Amount of contribution (\$) <b>1500.00</b>
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>-</b>
Date <b>12/16/22</b>	Full name of contributor out-of-state PAC (ID#: <b>JOHN KLIENHEINZ</b> Contributor address; City; State; Zip Code <b>3320 W 7TH STREET FORT WORTH TX 76107</b>	Amount of contribution (\$) <b>1500.00</b>
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>-</b>
Date <b>12/22/22</b>	Full name of contributor out-of-state PAC (ID#: <b>ROSS PEROT, JR.</b> Contributor address; City; State; Zip Code <b>3000 TURTLE CREEK BLVD. DALLAS TX 75219</b>	Amount of contribution (\$) <b>2500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELF</b>
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/16/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>KELLY HART PAC</b>	7 Amount of contribution (\$) <b>3000.00</b>
6 Contributor address; City; State; Zip Code <b>201 MAIN STREET FORT WORTH TX 76102</b>		
8 Principal occupation / Job title (See Instructions) <b>—</b>		9 Employer (See Instructions) <b>—</b>
Date <b>12/22/22</b>	Full name of contributor out-of-state PAC (ID#: <b>MICHAEL RETZER</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>21 EDGEHILL DRIVE LITTLE ROCK AR 72207</b>		
Principal occupation / Job title (See Instructions) <b>—</b>		Employer (See Instructions) <b>SELF</b>
Date <b>12/19/22</b>	Full name of contributor out-of-state PAC (ID#: <b>PAM MINICK</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>418 W. FM 407 ARGYLE TX 76226</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>12/20/22</b>	Full name of contributor out-of-state PAC (ID#: <b>SANEL THOMAS</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1001 W. ROSEDALE STREET FORT WORTH TX 76104</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/18/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>BARNEY HOLLAND</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>1301 THROCKMORTON STREET FORT WORTH TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <b>SELF</b>
Date <b>12/27/22</b>	Full name of contributor out-of-state PAC (ID#: <b>CASSCO MANAGEMENT CO. LLC</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>4200 S. HULEN STREET FORT WORTH TX 76109</b>		
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>CASSCO MGT. CO. LLC</b>
Date <b>12/24/22</b>	Full name of contributor out-of-state PAC (ID#: <b>REED PIGMAN</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>200 TEXAS STREET FORT WORTH TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>TEXAS JET</b>
Date <b>12/28/22</b>	Full name of contributor out-of-state PAC (ID#: <b>JERRY CONASTER</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>6716 SAINT ANDREWS RD. FORT WORTH TX 76132</b>		
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>RETIRED</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/28/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>ARNOLD GACHMAN</b> 6 Contributor address; City; State; Zip Code <b>1229 SHADY OAKS LANE FORT WORTH TX 76107</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>-</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>12/29/22</b>	Full name of contributor out-of-state PAC (ID#: <b>DANIEL SMITH</b> Contributor address; City; State; Zip Code <b>2121 N. PEARL STREET DALLAS TX 75201</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>OJALA HOLDINGS</b>
Date <b>12/29/22</b>	Full name of contributor out-of-state PAC (ID#: <b>RICHARD ABRAMS</b> Contributor address; City; State; Zip Code <b>7650 LOCKE AVE. FORT WORTH TX 76116</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>12/30/22</b>	Full name of contributor out-of-state PAC (ID#: <b>MATTHEW VRUGGINK</b> Contributor address; City; State; Zip Code <b>6727 SUNNYLAND LANE DALLAS TX 75214</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See Instructions) <b>-</b>		Employer (See Instructions) <b>OJALA HOLDINGS</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/30/22</b>	5 Full name of contributor out-of-state PAC (ID#: <b>FORT WORTH POLICE OFFICERS ASSOC. PAC</b>	7 Amount of contribution (\$) <b>5000.00</b>
6 Contributor address; City; State; Zip Code <b>100 N. FOREST PARK BLVD. FORT WORTH TX 76102</b>		
8 Principal occupation / Job title (See Instructions) <b>-</b>		9 Employer (See Instructions) <b>-</b>

Date	Full name of contributor out-of-state PAC (ID#: ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## 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: <b>3</b>		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>08/23/22</b>		5 Payee name <b>ESPERANZA'S RESTAURANT</b>			
6 Amount (\$) <b>27.47</b>		7 Payee address; <b>2122 N. MAIN STREET</b>		City; <b>FORT WORTH</b>	State; <b>TX</b>
				Zip Code <b>76164</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		(b) Description <b>BUSINESS LUNCH</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CARLOS E. FLORES</b>		Office sought <b>CITY COUNCIL D2</b>	Office held <b>CITY COUNCIL D2</b>
Date <b>08/31/22</b>		Payee name <b>RISCKY'S STEAKHOUSE</b>			
Amount (\$) <b>53.00</b>		Payee address; <b>120 E. EXCHANGE AVENUE</b>		City; <b>FORT WORTH</b>	State; <b>TX</b>
				Zip Code <b>76164</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		Description <b>BUSINESS LUNCH</b>		
	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 <b>CARLOS E. FLORES</b>		Office sought <b>CITY COUNCIL D2</b>	Office held <b>CITY COUNCIL D2</b>
Date <b>08/31/22</b>		Payee name <b>THE RAILCAR COFFEE</b>			
Amount (\$) <b>11.95</b>		Payee address; <b>112 W. EXCHANGE AVENUE</b>		City; <b>FORT WORTH</b>	State; <b>TX</b>
				Zip Code <b>76164</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		Description <b>BUSINESS MEETING</b>		
	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 <b>CARLOS E. FLORES</b>		Office sought <b>CITY COUNCIL D2</b>	Office held <b>CITY COUNCIL D2</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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: <b>3</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/06/22</b>	5 Payee name <b>WORTHINGTON RENAISSANCE FORTWORTH HOTEL</b>	
6 Amount (\$) <b>21.65</b>	7 Payee address; City; State; Zip Code <b>200 MAIN STREET FORTWORTH TX 76102</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>JUDGE WHITLEY LUNCHEON PARKING GARAGE/VALET</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <b>CARLOS E. FLORES CITY COUNCIL D2 CITY COUNCIL D2</b>		
Date <b>12/08/22</b>	Payee name <b>SONS OF LIBERTY COFFEE</b>	
Amount (\$) <b>6.87</b>	Payee address; City; State; Zip Code <b>250 W. LANCASTER AVENUE FORT WORTH TX 76102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>	Description <b>CONSTITUENT MEETING</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <b>CARLOS E. FLORES CITY COUNCIL D2 CITY COUNCIL D2</b>		
Date <b>12/15/22</b>	Payee name <b>PRINT PLACE</b>	
Amount (\$) <b>1272.10</b>	Payee address; City; State; Zip Code <b>1130 AVENUE H EAST ARLINGTON TX 76011</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <b>CARLOS E. FLORES CITY COUNCIL D2 CITY COUNCIL D2</b>		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <b>3</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/19/22</b>	5 Payee name <b>PRINT PLACE</b>	
6 Amount (\$) <b>1878.28</b>	7 Payee address; City; State; Zip Code <b>1130 AVENUE H EAST ARLINGTON TX 76011</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	
	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Office sought Office held <b>CARLOS E. FLORES CITY COUNCIL D2 CITY COUNCIL D2</b>	
Date <b>12/30/22</b>	Payee name <b>ANEDOT</b>	
Amount (\$) <b>412.71</b>	Payee address; City; State; Zip Code <b>1340 POYDRAS STREET NEW ORLEANS LA 70112</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Office sought Office held <b>CARLOS E. FLORES CITY COUNCIL D2 CITY COUNCIL D2</b>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>07/11/22</b>	5 Payee name <b>ALL SAINTS CATHOLIC SCHOOL</b>	
6 Amount (\$) <b>500.00</b>	7 Payee address; <b>2006 N. HOUSTON STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	(b) Description (See instructions regarding type of information required.) <b>FATHER JASSO TUITION ASSISTANCE BANQUET</b>
Date <b>07/11/22</b>	Payee name <b>JUNTOS SE PUEDE</b>	
Amount (\$) <b>150.00</b>	Payee address; <b>2621 NW 29TH STREET</b>	City State Zip Code <b>FORT WORTH TX 76106</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>SCHOLARSHIP</b>
Date <b>07/15/22</b>	Payee name <b>NORTHSIDE NEIGHBORHOOD ASSOCIATION</b>	
Amount (\$) <b>200.00</b>	Payee address; <b>2620 NW 21ST STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>4TH OF JULY PARADE SPONSORSHIP</b>
Date <b>08/09/22</b>	Payee name <b>ARTES DE LA ROSA</b>	
Amount (\$) <b>200.00</b>	Payee address; <b>1440 N. MAIN STREET</b>	City State Zip Code <b>FORT WORTH TX 76164</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	Description (See instructions regarding type of information required.) <b>SCHOLARSHIP BACK TO SCHOOL</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/06/22</b>	5 Payee name <b>AMERICAN HEART ASSOCIATION</b>			
6 Amount (\$) <b>36.00</b>	7 Payee address; <b>7272 GREENVILLE AVENUE</b>		City <b>DALLAS</b>	State <b>TX</b>
			Zip Code <b>75231</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>		(b) Description (See instructions regarding type of information required.) <b>FUNDRAISING</b>	
Date <b>09/12/22</b>	Payee name <b>M. H. MOORE ELEMENTARY SCHOOL</b>			
Amount (\$) <b>200.00</b>	Payee address; <b>1809 NE 36TH STREET</b>		City <b>FORT WORTH</b>	State <b>TX</b>
			Zip Code <b>76108</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>		Description (See instructions regarding type of information required.) <b>WALMART GIFT CARD</b>	
Date <b>09/23/22</b>	Payee name <b>COMMUNITIES FOUNDATION</b>			
Amount (\$) <b>375.00</b>	Payee address; <b>5500 CARUTH HAVEN LANE</b>		City <b>DALLAS</b>	State <b>TX</b>
			Zip Code <b>75225</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>		Description (See instructions regarding type of information required.)	
Date <b>10/13/22</b>	Payee name <b>NORTHSIDE NEIGHBORHOOD ASSOCIATION</b>			
Amount (\$) <b>200.00</b>	Payee address; <b>2020 NW 21ST STREET</b>		City <b>FORT WORTH</b>	State <b>TX</b>
			Zip Code <b>76164</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>		Description (See instructions regarding type of information required.) <b>NATIONAL NIGHT OUT SPONSORSHIP</b>	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I: <i>5</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>10/20/22</i>	<b>5</b> Payee name <i>NORTHSIDE COMMUNITY CENTER</i>			
<b>6</b> Amount (\$) <i>150<sup>00</sup></i>	<b>7</b> Payee address; <i>1100 NW 18TH STREET</i>	City <i>FORT WORTH</i>	State <i>TX</i>	Zip Code <i>76164</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	(b) Description (See instructions regarding type of information required.)		
Date <i>10/28/22</i>	Payee name <i>TEXAS TRAIL OF FAME</i>			
Amount (\$) <i>50<sup>00</sup></i>	Payee address; <i>208 N.W. 24TH STREET</i>	City <i>FORT WORTH</i>	State <i>TX</i>	Zip Code <i>76164</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	Description (See instructions regarding type of information required.) <i>FUNDRAISER</i>		
Date <i>11/04/22</i>	Payee name <i>FORT WORTH SISTER CITIES INTERNATIONAL</i>			
Amount (\$) <i>25<sup>00</sup></i>	Payee address; <i>908 MONROE STREET</i>	City <i>FORT WORTH</i>	State <i>TX</i>	Zip Code <i>76102</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	Description (See instructions regarding type of information required.) <i>FUNDRAISER GALA</i>		
Date <i>11/14/22</i>	Payee name <i>NORTH SIDE HIGH LEGACY FOUNDATION</i>			
Amount (\$) <i>250<sup>00</sup></i>	Payee address; <i></i>	City <i>FORT WORTH</i>	State <i>TX</i>	Zip Code <i>76164</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	Description (See instructions regarding type of information required.) <i>FUNDRAISER GALA</i>		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I: <i>5</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>11/18/22</i>	<b>5</b> Payee name <i>NORTH TRI-ETHNIC COMMUNITY CENTER</i>			
<b>6</b> Amount (\$) <i>139.<sup>00</sup></i>	<b>7</b> Payee address; <i>2950 ROOSEVELT AVENUE</i>		City <i>FORTWORTH</i>	State <i>TX</i>
			Zip Code <i>76106</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE</i>		<b>(b)</b> Description (See instructions regarding type of information required.) <i>FROZEN TURKEYS DONATION</i>	
Date <i>11/30/22</i>	Payee name <i>ALL SAINTS CATHOLIC SCHOOL</i>			
Amount (\$) <i>100.<sup>00</sup></i>	Payee address; <i>2006 N. HOUSTON STREET</i>		City <i>FORTWORTH</i>	State <i>TX</i>
			Zip Code <i>76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>		Description (See instructions regarding type of information required.) <i>GIVING TUESDAY PRE K BLDG. ROOF REPLACEMENT</i>	
Date <i>11/30/22</i>	Payee name <i>NATIONAL LATINO LAW ENFORCEMENT CHAPTER</i> <i>FTW</i>			
Amount (\$) <i>35.<sup>00</sup></i>	Payee address; <i>P.O. BOX 4858</i>		City <i>FORTWORTH</i>	State <i>TX</i>
			Zip Code <i>76164</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>		Description (See instructions regarding type of information required.) <i>GIVING TUESDAY OFC. LINA MINO-HELP A HERO</i>	
Date <i>12/08/22</i>	Payee name <i>DIAMOND HILL COMMUNITY CENTER (WALMART)</i>			
Amount (\$) <i>112.<sup>69</sup></i>	Payee address; <i>1701 NE 36TH STREET</i>		City <i>FORTWORTH</i>	State <i>TX</i>
			Zip Code <i>76106</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>		Description (See instructions regarding type of information required.) <i>CHRISTMAS TOY DRIVE</i>	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/14/22</b>	5 Payee name <b>DIAMOND HILL COMMUNITY CENTER (WALMART)</b>	
6 Amount (\$) <b>122.<sup>13</sup></b>	7 Payee address; <b>1701 NE 36TH STREET</b>	City State Zip Code <b>FORT WORTH TX 76106</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION/DONATION</b>	(b) Description (See instructions regarding type of information required.) <b>CHRISTMAS TOY DRIVE</b>
Date <b>12/23/22</b>	Payee name <b>CAPITAL GRILLE</b>	
Amount (\$) <b>40.<sup>00</sup></b>	Payee address; <b>800 MAIN STREET</b>	City State Zip Code <b>FORT WORTH TX 76102</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>GIFT</b>	Description (See instructions regarding type of information required.) <b>CHRISTMAS GIFT CARD STAFF</b>
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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