

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:

16

OFFICE USE ONLY

Date Received

CSO REC'D
JUL 13 '23 PM4:07
JUL 13 '23 PM4:07
CSO REC'D

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CARLOS

E

FLORES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(662)

233-1350

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANDREA

ESPINOZA

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2720 NW 25TH STREET

FORT WORTH

TX

76106

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

658-6978

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 Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2023

THROUGH

Month

Day

Year

06 / 30 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2023

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL DISTRICT 2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

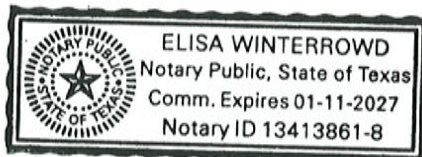
| | | |
|--------------------------------------|---|--|
| 15 C/OH NAME <u>CARLOS E. FLORES</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>Ø</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>30,700.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>Ø</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>3957.88</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>84,454.25</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.

Carlos E. Flores
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 13th day of July, 2023, to certify which, witness my hand and seal of office.

Elisa Winterrowd Sr. Admin. Assist.
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. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 30700 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 | \$ 3957 ⁸⁸ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 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 | \$ 740 ⁷³ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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: <div style="text-align: center; font-size: 1.5em;">8</div> |
| 2 FILER NAME <div style="text-align: center; font-size: 1.2em;">CARLOS E. FLORES</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="text-align: center; font-size: 1.2em;">01/06/2023</div> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">WILLIAM LANDRETH</div> | 7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">500.00</div> |
| 6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2427 TILLAR STREET FORTWORTH TX 76107</div> | | |
| 8 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">REAL ESTATE</div> | | 9 Employer (See Instructions) |
| Date <div style="text-align: center; font-size: 1.2em;">02/10/2023</div> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">ROBERT PETRIE</div> | Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">3500.00</div> |
| Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">7217 CHARLENE CT. AZLE TX 76020</div> | | |
| Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">DEVELOPER</div> | | Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">SELF</div> |
| Date <div style="text-align: center; font-size: 1.2em;">02/10/2023</div> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">LARRY ANIFIN</div> | Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">100.00</div> |
| Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">7620 CASTLE CREEK CT. FORTWORTH, TX 76132</div> | | |
| Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">RETIRED</div> | | Employer (See Instructions) |
| Date <div style="text-align: center; font-size: 1.2em;">02/14/2023</div> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">GEORGE & BRENDA KOSTOHRYZ</div> | Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">1000.00</div> |
| Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">20 WESTOVER ROAD FORTWORTH TX 76107</div> | | |
| Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">RETIRED</div> | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD FIRESTONE | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 3905 MONTICELLO DRIVE FORT WORTH TX 76107 | | |
| 8 Principal occupation / Job title (See Instructions) MANAGER | | 9 Employer (See Instructions) SELF |
| Date 02/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD CASAREZ | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 6900 LA CANTERA DRIVE FORT WORTH TX 76108 | | |
| Principal occupation / Job title (See Instructions) VICE PRESIDENT | | Employer (See Instructions) ONCOR |
| Date 02/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFRED SAENZ | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 621 LILLARD ROAD ARLINGTON TX 76102 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) MULTATECH |
| Date 04/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFRED MICALFE | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 1401 N. BOWIE DRIVE WEATHERFORD TX 76086 | | |
| Principal occupation / Job title (See Instructions) CHAIRMAN | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD BARNES | 7 Amount of contribution (\$) 1000.00 |
| 6 Contributor address; City; State; Zip Code 4450 HARLEY AVENUE FORT WORTH TX 76107 | | |
| 8 Principal occupation / Job title (See Instructions) PRESIDENT | | 9 Employer (See Instructions) FWSSA |
| Date 04/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD GORRONDONA | Amount of contribution (\$) 2500.00 |
| Contributor address; City; State; Zip Code 2600 W 7TH STREET FORT WORTH TX 76107 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT | | Employer (See Instructions) SELF |
| Date 04/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHEN MALICK | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 2509 MERRICK STREET FORT WORTH TX 76107 | | |
| Principal occupation / Job title (See Instructions) BUILDER | | Employer (See Instructions) SELF |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RYAN SMITH | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 6129 PADOLEFISH DRIVE FORT WORTH TX 76179 | | |
| Principal occupation / Job title (See Instructions) PROPERTY MANAGEMENT | | Employer (See Instructions) SELF |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EDWARD SULLIVAN | 7 Amount of contribution (\$) 1000.00 |
| 6 Contributor address; City; State; Zip Code 1155 SCOTLAND AVENUE AZLE TX 76020 | | |
| 8 Principal occupation / Job title (See Instructions) RESTAURANT | | 9 Employer (See Instructions) SELF |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SEAN GLEASON | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 101 EAST RIVERWALK PUEBLO CO. 81003 | | |
| Principal occupation / Job title (See Instructions) RESTAURANT | | Employer (See Instructions) SELF |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK GOTTSCH | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 22424 WRIGHT STREET ELKHORN NE 68022 | | |
| Principal occupation / Job title (See Instructions) PRESIDENT | | Employer (See Instructions) SELF |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERNIE TARUT | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 4668 PALENCIA DRIVE FORT WORTH TX 76126 | | |
| Principal occupation / Job title (See Instructions) RETAILER | | 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

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/02/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDRA MCGLOTHLIN | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 6225 FORREST RIVER DRIVE FORT WORTH TX 76112 | | |
| 8 Principal occupation / Job title (See Instructions) REAL ESTATE | | 9 Employer (See Instructions) EMPIRE |
| Date 05/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARLA NEEL | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 4120 MODLIN AVENUE FORT WORTH TX 76107 | | |
| Principal occupation / Job title (See Instructions) ASST. MGT. | | Employer (See Instructions) |
| Date 05/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOUGLAS NASH | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 3525 TURTLE CREEK BLVD. DALLAS TX 75129 | | |
| Principal occupation / Job title (See Instructions) REAL ESTATE | | Employer (See Instructions) |
| Date 05/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL & MELISSA BENNETT | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 2429 ROGERS AVENUE FORT WORTH, TX 76109 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) BENNETT PARTNERS |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 8 |
| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/11/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY SMITH | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 122 EAST EXCHANGE AVE. FORT WORTH TX 76164 | | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) APHA |
| Date 05/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASEY PIPES | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 3700 COUNTRY CLUB CIRCLE FORT WORTH, TX 76109 | | |
| Principal occupation / Job title (See Instructions) CONSULTANT | | Employer (See Instructions) SELF |
| Date 05/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYDEN CUTLER | Amount of contribution (\$) 2500.00 |
| Contributor address; City; State; Zip Code 3825 CAMP BOWIE FORT WORTH TX 76107 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) SELF |
| Date 04/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOR THE CHILDREN PAC | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code P.O. BOX 160 FORT WORTH TX 76102 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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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| | | |
|---|--|---|
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| 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/24/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NORTH TEXAS SHREDDING | 7 Amount of contribution (\$) 2500.00 |
| 6 Contributor address; City; State; Zip Code 3824 N. COMMERCE ST. FORT WORTH TX 76106 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ACCOUNTABLE GOVERNMENT | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 430 OLD FITZHUGH DRIPPING SPRINGS TX 78620 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAMMER AND NAILS CLUB-CANDIDATE | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 100 E. 15TH STREET FORT WORTH TX 76102 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRAVIS D. CLEGG | Amount of contribution (\$) 150.00 |
| Contributor address; City; State; Zip Code 10404 GRAYHAWK LN. KELLER TX 76248 | | |
| Principal occupation / Job title (See Instructions) DEVELOPER | | 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

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| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">8</div> |
| 2 FILER NAME <div style="text-align: center; font-size: 1.2em;">CARLOS E. FLORES</div> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="font-size: 1.2em;">03/20/2023</div> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">GREATER FORT WORTH REAL ESTATE PAC</div> | 7 Amount of contribution (\$) <div style="font-size: 1.5em;">1000⁰⁰</div> |
| 6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">777 N. MAIN STREET FORT WORTH TX 76102</div> | | |
| 8 Principal occupation / Job title (See Instructions) <div style="text-align: center;">—</div> | | 9 Employer (See Instructions) <div style="text-align: center;">—</div> |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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: 2 | | 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/18/2023 | | 5 Payee name CITY OF FORT WORTH | | | |
| 6 Amount (\$) 100.00 | | 7 Payee address; 200 TEXAS STREET | | City; FORT WORTH | State; TX |
| | | | | Zip Code 76102 | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) FEES | | (b) Description CANDIDATE FILING | |
| | | (c) <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 FW CITY COUNCIL DISTRICT 2 | Office held CITY COUNCIL |
| Date 05/08/2023 | | Payee name ITS YOUR RACE | | | |
| Amount (\$) 500.00 | | Payee address; 11671 LILBURN PARK ROAD | | City; ST LOUIS | State; MO |
| | | | | 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 DIST. 2 | Office held FW CITY COUNCIL |
| Date 05/10/2023 | | Payee name MURPHY NASICA | | | |
| Amount (\$) 1337.88 | | Payee address; P.O. BOX 1648 | | City; AUSTIN | State; TX |
| | | | | Zip Code 78767 | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) FEES | | Description CONSULTING | |
| | | <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 FW CITY COUNCIL DISTRICT 2 | Office held |

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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: | 2 FILER NAME CARLOS E. FLORES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/30/2023 | 5 Payee name JEANETTE MARTINEZ CAMPAIGN | |
| 6 Amount (\$) 500.00 | 7 Payee address; ACTBLUE | City; State; Zip Code TX |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION | (b) Description CAMPAIGN |
| | (c) <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 Office held FW CITY COUNCIL DISTRICT 2 |
| Date 02/14/2023 | Payee name MURPHY NASICA | |
| Amount (\$) 1000.00 | Payee address; P.O. Box 1648 | City; State; Zip Code AUSTIN TX 78767 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description SIGNS |
| | <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 Office held FW CITY COUNCIL DIST. 2 |
| Date 04/12/2023 | Payee name LONG DOG CONSULTING | |
| Amount (\$) 520.00 | Payee address; 3201 ODESSA AVENUE | City; State; Zip Code FORT WORTH TX 76109 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description SIGNS |
| | <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 Office held FW CITY COUNCIL DIST. 2 |

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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: 3 | 2 FILER NAME CARLOS E. FLORES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/14/2023 | 5 Payee name NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM | |
| 6 Amount (\$) 400.00 | 7 Payee address; 2029 N. MAIN STREET | City State Zip Code FORT WORTH TX 76164 |
| 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 01/16/2023 | Payee name GREATER FORT WORTH MLK HOLIDAY COMMITTEE | |
| Amount (\$) 25.00 | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) FEES | Description (See instructions regarding type of information required.) PARADE REGISTRATION |
| Date 04/18/2023 | Payee name REVIVE COFFEE | |
| Amount (\$) 5.33 | Payee address; | City State Zip Code FORT WORTH TX 76164 |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE | Description (See instructions regarding type of information required.) COFFEE MTG. |
| Date 04/27/2023 | Payee name CASA AZUL COFFEE | |
| Amount (\$) 20.10 | Payee address; | City State Zip Code FORT WORTH TX 76164 |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE | Description (See instructions regarding type of information required.) COFFEE MTG. |

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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.

| | | |
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| 1 Total pages Schedule I: | 2 FILER NAME <i>CARLOS E. FLORES</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>05/16/2023</i> | 5 Payee name <i>STOCKYARDS BUSINESS ASSOCIATION</i> | |
| 6 Amount (\$) <i>25.00</i> | 7 Payee address; <i>P.O. BOX 64203</i> | City State Zip Code <i>FORT WORTH TX 76164</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE</i> | (b) Description (See instructions regarding type of information required.) <i>LUNCH</i> |
| Date <i>05/26/2023</i> | Payee name <i>JUNTOS SE PUEDE</i> | |
| Amount (\$) <i>150.00</i> | Payee address; <i>2621 NW 29TH STREET</i> | City State Zip Code <i>FORT WORTH TX 76106</i> |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i> | Description (See instructions regarding type of information required.) <i>SCHOLARSHIP</i> |
| Date <i>06/16/2023</i> | Payee name <i>LA PLAYA MAYA</i> | |
| Amount (\$) <i>39.42</i> | Payee address; <i>1540 N. MAIN STREET</i> | City State Zip Code <i>FORT WORTH TX 76164</i> |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE</i> | Description (See instructions regarding type of information required.) <i>LUNCH MTG.</i> |
| Date <i>07/07/2023</i> | Payee name <i>CASA AZUL COFFEE</i> | |
| Amount (\$) <i>16.88</i> | Payee address; <i>300 W. CENTRAL AVENUE</i> | City State Zip Code <i>FORT WORTH TX 76164</i> |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE</i> | Description (See instructions regarding type of information required.) <i>POLICE RECRUITS MTG.</i> |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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| 1 Total pages Schedule I: | | 2 FILER NAME CARLOS E. FLORES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/21/2023 | | 5 Payee name STOCKYARDS BUSINESS ASSOCIATION | | | |
| 6 Amount (\$) 25.00 | | 7 Payee address; P.O. BOX 64203 | | City FORT WORTH | State Zip Code TX 76169 |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE | | (b) Description (See instructions regarding type of information required.) LUNCH MTG. | |
| Date 02/06/2023 | | Payee name NORTH TRI-ETHIC COMMUNITY CENTER | | | |
| Amount (\$) 40.00 | | Payee address; 2950 ROOSEVELT AVENUE | | City FORT WORTH | State Zip Code TX 7616L |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION | | Description (See instructions regarding type of information required.) FOOD/BEVERAGE | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; | | City | State Zip Code |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; | | City | State Zip Code |
| PURPOSE OF EXPENDITURE | | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | |

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