OFFICIAL RECORD

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT WORTH, TX

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	CARLOS	E	OFFICE USE ONLY
NAME	NICKNAME	FLORES	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOY	APT / SHITE #	CITY: STATE: 7IP CODE	CSO REC'D APR 25 '25 PM4:49
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Mg/ MRS / MR	ANDREA	МІ	Receipt # Amount \$
NAME	NICKNAME	ESPINO:	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S NW 25TH ST	SUITE #: CITY; REET FORTWORK	STATE; ZIP CODE TH TX 76166
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	phone number 658 - 6978	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	Executed Modifie	15th day after campaign treasurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)
10 PERIOD COVERED	03 /	Day Year / 25 / 2025	THROUGH 0	th Day Year 4/24/2625
11 ELECTION	Month Day	Year Primary /2025 General	Runoff Other Descripti	-
12 OFFICE	FORTWORTH C		13 OFFICE SOUGHT (IF A	ITY COUNCIL DISTRICT 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CARU	os E. FLORES		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	ES OF LOANS, OR	\$ Ø			
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$ 51,190,00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	'ENDITURE.	\$ Ø			
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ 47,965.07 TDAY \$ 122,758.82			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	TDAY \$ /22,758,82			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		* Ø			
	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 of Candidate or Officeholder					
(1) Affidavit	Please complete JANNETTE GOODALL Notary ID #129046183 My Commission Expires July 2, 2028	either option below	:			
NOTARY STAMP/SEA	L					
l .	before me by Carlos Flores	this the	25 day of April,			
20 <u>3/5</u> , to certify	which, witness my hand and seal of office. Tanteffe	Geodop	No fars			
Signature of officer administr	· · · · · · · · · · · · · · · · · · ·	ministering oath	Title of officer administering oath			
	OR					
(2) Unsworn Declarati	on					
My name is		, and my date of birth is	.			
My address is	(street)	,,,,,,,,,,,,	tate) (zip code) (country)			
Executed in	County, State of, or		, 20			
		Signature of Candid	ate/Officeholder (Declarant)			

JAROGON, BITTHAN U STANDOK NB OH LONG WE CONTINUE OF STANDON

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	CARLOS E. FURES	20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$51,19000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 9,214-21
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 47,965.07
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ B
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 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 CO	NTRIBUTIONS	\$ 2869.96
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ Ø

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	eport.
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
03/25/25	JASON SMITH 6 Contributor address; City; 6/2 BTH AVENUE FORTWOR	State; Zip Code	100.00
8 Principal occup	pation / Job title (See Instructions) ATTORNEY	9 Employer (See Instructi	
Date	Full name of contributor out-of-state PAC Dom INGO GARCIA		Amount of contribution (\$)
13/31/25	Contributor address; City;	State; Zip Code 9WAS TX 75208	1000.00
Principal occup	ation / Job title (See Instructions) PTTORNEY	Employer (See Instruction	_ '
Date .	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
04/02/25	Contributor address: City; 4020 VOLK CT. FORT WOR	State; Zip Code 774 7X 76244	230
Principal occup	ation / Job title (See Instructions) ENGINEER	Employer (See Instructi	ions) 1000 PROFESSIONAL SVCS.
Date	Full name of contributor out-of-state PAC	> (ID#:)	Amount of contribution (\$)
04/02/25	KEVIN KHORRAMI Contributor address; City;	State; Zip Code	250 00
Principal occup	nation / Job title (See Instructions) REAL ESTATE NVESTOR	Employer (See Instructi	•
	·		
	ATTACH ADDITIONAL COPIES		

SCHEDULE A1

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

The	Instruction Guide explains how to comp	plete this f	orm.		1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLORES				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-o	of-state PAC (I	D#:)	7 Amount of contribution (\$) $250 \cdot \infty$
04/67/25	JASON & AMY BROW 6 Contributor address; City 2112 PEMBLOKE DR. FOR	y; RT UORT	State; Z	ip Code 76110	230 -
8 Principal occu	pation / Job title (See Instructions) PRINCIPAL	9	Employe	er (See Instructi	ions) SS ZYV
Date	Full name of contributor out-o				Amount of contribution (\$)
04/13/25	TOAQUIM CARVAL Contributor address; City 6312 INBIAN CREEK F	y: PRT WOR	State; Z	76116	300 -00
Principal occup	pation / Job title (See Instructions) DISTRET DIRECTOR		Employe	cr (See Instructi	ons) OF FERT WARTH
Date)	Amount of contribution (\$)
04/14/25	KERBY SMITH Contributor address; City 331 SANCHEZ OT. ALE	y: Bo 7	State; Z	ip Code 2 <i>6008</i>	250'00
Principal occup	oation / Job title (See Instructions) OWNER		Employe	er (See Instructi	ions) REALITY ADVISORS
Date	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (I	D#:		Amount of contribution (\$)
04/15/25	Contributor address; City 3700 COUNTRY CLUB CIR. Fox		State; Zi	p Code 76109	500-00
Principal occup	pation / Job title (See Instructions) PRES/NENT		Employe	PIPES	-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME	CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state WILLIAM BURGAN	e PAC (ID#:)	7 Amount of contribution (\$)
04/16/25	WILLIAM BURGAN 6 Contributor address; City; 9341 SUNDIAL DRIVE FORT	State; Zip Code WWXTH TX 76 244	40-00
8 Principal occu	pation / Job title (See Instructions) ### AUCTIONEER	9 Employer (See Instruc	tions)
Date	MOTO HALLAR	e PAC (ID#:)	Amount of contribution (\$)
04/16/25	Contributor address; City; 2500 NE GREEN OAKS BUD-	State; Zip Code ALLINGON TX 74006	5,000.00
Principal occup	ARCHITECT	Employer (See Instruc	tions) ARCHTECTS
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
04/21/25	Contributor address; City; 7302 TIDAL TRACE ARUNG	State; Zip Code TON TX 76016	50000
Principal occup	pation / Job title (See Instructions) **REAL ESTATE DEVELORE**	Employer (See Instruction A BERI	etions) DEEN LAND CO.
Date		te PAC (ID#:)	Amount of contribution (\$)
04/24/25	Contributor address; City; 2501 PARKVIEW PRIVE FORT	State; Zip Code	10,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ations)

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SCHEDULE A1

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

		e this page in the re	·
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLONES		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/25	5 Full name of contributor out-of-state PAC (ID#:_APT ASSOCIATION OF TARRANT C 6 Contributor address; City; Sta		7 Amount of contribution (\$) $3,500^{\circ} = 00$
		Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
03/28/25	HAYDN H. CUTLER Contributor address; City; St. 3525 CAMP BOWIE FUT WORTH	ate; Zip Code 4 TX 76107	2,500.00
		Employer (See Instruction	
Date 03/28/25	Full name of contributor out-of-state PAC (ID#:_ ROBERT HUNTER GOODWIN Contributor address; City; Sta 1011 LYCEUM CT, COUESE STATE	ate; Zip Code	Amount of contribution (\$) $2,500 \cdot 2$
Principal occu	pation / Job title (See Instructions) PEVELOPER	Employer (See Instruction	
Date 03/28/25	FOR THE CHILDREN PAC	ate; Zip Code 73 76/02	Amount of contribution (\$) 2, 500 00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF TI		

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:
2 FILER NAME	CARLOS E.	FLORE	5	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor STEVE BROWN		(ID#:)	7 Amount of contribution (\$)
03/28/25	6 Contributor address; 1409 Summit AVE.	city; Fort WIR	State; Zip Code TH TX 76102	2,000 100
3 Principal occu	pation / Job title (See Instructions) REAL ESTATE		9 Employer (See Instruc	
Date	Full name of contributor TEXIC EVENTS		C (ID#:)	Amount of contribution (\$)
93/28/25	TEXIS EVENTS Contributor address; 280 BAILEY AVE. #	City;	State; Zip Code H TX 76107	1,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date .	Full name of contributor PRESTON W. GEREN		C (ID#:)	Amount of contribution (\$)
93/28/25	Contributor address; 200 WASHINGTON TE		State; Zip Code	500° 00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	
Date	Full name of contributor MIKE & ROSIE A	out-of-state PAG		Amount of contribution (\$)
03/28/25	Contributor address; 777 TAYUR STREET	City;	State; Zip Code	25000
Principal occur	pation / Job title (See Instructions)	ORI W	Employer (See Instruc	tions)
Principal occu	RETILED		' ' '	TIRED
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

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:
2 FILER NAME	CARLOS E. FLOT	LES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor AARON J. GARO	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/28/25	AARON J. GARO 6 Contributor address; 1901 GRAND AVE	city; FORT WORT	State; Zip Code H TX 76106	250,00
	pation / Job title (See Instructions)		9 Employer (See Instruct	ions) OF FORT WMTH
Date	Full name of contributor **BOAD T. GORRONDA**		(ID#:)	Amount of contribution (\$)
04/24/25	BRAD J. GORRONDO Contributor address; 2600 W 7TH STREET I	city; FURT WORTH	State; Zip Code 7 TX 76/07	1,000-00
Principal occup	pation / Job title (See Instructions) DEVAIPER		Employer (See Instruct	
Date	Full name of contributor CARL KROGNESS	out-of-state PAC	(ID#:) I KROGNESS	Amount of contribution (\$)
04/24/25	CARL KROGNESS Contributor address; 3721 ARROYO RD.	City;	State; Zip Code 7H TX 76/09	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct ${\cal B}^{ m G}$	
Date	Full name of contributor CARL T. DEZEE	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/24/25	Contributor address; 222 CROWN POINTEB	City;	State; Zip Code	250-00
	pation / Job title (See Instructions) ENGINEER		Employer (See Instruct	ions) '- HMY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

if the reque	sted mormation is not applicable, DO NOT into	ciude tilis page ili tile i	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
04/24/25	HALFF ASSCIATES - STR 6 Contributor address; City; 1201 N BOWSER ROAD RICHARD.	State; Zip Code SOIV TX 76081	250 - 00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
04/24/25	CHRIS KUYKEN DALL Contributor address; City; 3216 RIDGE CREST DR. FLOWER A	State; Zip Code Nound TX 75022	250 0
	pation / Job title (See Instructions) PRINCIPAL	Employer (See Instructi	
Date	Full name of contributor out-of-state PAC AGUIRRE & FIELDS LP AA	(ID#:)	Amount of contribution (\$)
64/24/25	AGUIRRE & FIELDS LP AA Contributor address; City; 7215 NEW TERRITORY BLVD. L	State; Zip Code WEAR TX 77478	250,00
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
64/24/25	Contributor address; City; 8103 SHELTON DR. FORTWOR	State; Zip Code	250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons) DENGINEERING
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDING AS NO	EEDED

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 Schedula A1:
2 FILER NAME	ARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/25	5 Full name of contributor out-of-state PAC (ID#) KERV/N M. CAMPBELL GANEAR CAMPBELL 6 Contributor address; City; State; Zip Code 5216 GRAYSON RINGE FORTWORTH TX 76179	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 64/04/25	Full name of contributor out-of-state PAC (ID#:) FW FIREFIGHTERS COMMITTEE FOR RESI. GoV. Contributor address; City; State; Zip Code 3855 TULSA WAY FONTWARTH TX 76167	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	etions)
Date 04/64/25	Full name of contributor out-of-state PAC (ID#:) LINEBARBER GOGGAN BLAIR & SAMPSON, D Contributor address; City; State; Zip Code P.O. BOX 17428 Austin TX 78750	Amount of contribution $(\$)$ $2,500^{-20}$
Principal occup	pation / Job title (See Instructions) Employer (See Instru	I ctions)
Date 04/04/25	Full name of contributor out-of-state PAC (ID#:) GARY W, HAVENER Contributor address; City; State; Zip Code P. O. BOX 12196 FONT WORTH TX 76121	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	LARIOS E. FLOKES		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/25	5 Full name of contributor out-of-state PAC GREATER FURT WORTH REA 6 Contributor address; City; 777 MAIN ST; No. 2100 FORTW		7 Amount of contribution (\$) 1, 500 ' @
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/21/25	Contributor address; City; 500 NE 23 AD ST. Form Wes	State; Zip Code	500-00
Principal occu	Pation / Job title (See Instructions) RETIRED	Employer (See Instruct	-
Date 04/21/25	Full name of contributor out-of-state PAC PHILLIP MURRIN Contributor address; City; 10201 CAMP BOWIE W. BLVD	S. C. State; Zip Code	Amount of contribution (\$) 500, 20
Principal occu	pation / Job title (See Instructions) PRINCIPAL	Employer (See Instruct	•
Date	Full name of contributor out-of-state PAC Contributor address; City;		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	; IEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ 9,214.21
5 Date 6 Full name of contributor out-of-state PAC (ID#:	POA Zip Code Zip Code Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	_
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

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

on, not listed above)

Credit Card Payment	The Instruction Guide explains how to complete thi	s form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/25	5 Payee name CATALYST ADVISORS G	ROUP, LLC
6 Amount (\$) 439.11	7 Payee address; C 1108 LAVACA STREET 110-506 A	ity; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (b) Description	CARDS
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office CARLOS E. FLURES FW CITY COUNCIL	Sought Office held DISTRICT 2 FW.CSTY COUNCILDST.
04/11/25	Payee name CATALYST ADVISORS GROUP, D	le
Amount (\$)	, 4,00 444.000,	ity; State; Zip Code
2,500.00	1108 LAVACA STREET 110-506 AU	1STIN TX 78701
	Category (See Categories listed at the top of this schedule) Desc	ription
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	FEE
	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 CARLOS E. FLORES FW CTY COUNCIL D	sought Office held STRICT2 FW CITY COUNCIL DIST. Z
04/03/25	Payee name CATALYST ADVISORS GIROU	P, LLC
Amount (\$) 6,898.89		ity; State; Zip Code ### TX 78701
	Category (See Categories listed at the top of this schedule) Desc	ription
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PRINT/POSTAGE
	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/O	Candidate / Officeholder name Office CARLOS E. FLORES FW CITY CONNEIL DISTI	RICT Z FWCITY COUNCIL DIST: 2
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries W. The Instruction Guide explains how to committee	ages/ContractLabor	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORE	ES	3 Filer ID (Ethics	s Commission Filers)
4 Date 03/26/25	5 Payee name OATALYST ADVISORS GR	ZONP, LLC		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10,589.19	1108 LAVACA ST. 110-506	AUSTIN	TX	78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Pas	NT POST	AGE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name **CARLOS E. FURES FWCITYCO	Office sought	CITZ FINCH	Office held YCONNOLASJ- 2
Date	Payee name	<u> </u>		
04/01/25	CATALYST ADYISORS GROW	P, LLC		
Amount (\$)	Payee address;	City;	State;	Zip Code
6,261.38	1108 LAVACA ST. 110-506	, AUSTIN	· 7X	78701
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	CONS	ULTING	FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	CARLOSE, FLORES FOR CITY C	DUNCIL DISTRI	OF FW CHT	COUNCIL DIST. Z
Date	Payee name			
04/01/25	CATALYST ADVISORS GRO	UP, LLC		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000,00	1108 LAVACA ST. 110-506	Austin	な	78701
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	MANAG	EMENT F	EE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARUS E. ROLLS FWCTY O	Office sought	TZ FWOT	Office held YCOMYAL DIST 2
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (eriter a categ	ory not instend above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E, FLORE	\$	3 Filer ID (Ethic	s Commission Filers)
4 Date 04/01/25	5 Payee name CATALYST AOVISORS	GROUP,	LLC	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,000.00	1108 LAVACA ST. 110-506	AUSTIN	TX	78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	ADVZ	ERTISING	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CHAUSE FLONES FW CITY CO.	Office sought NOL DISTRI	CTZ FWC	Office held TYCONNTL DST-Z
Date	Payee name			
04/04/25	CATALYST ADVISORS G.	ROUP, LLC	_	
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	1108 LAVACA ST. 110-506	FORT WORTH	TX	78701
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	DEL	WERY F	EE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLARES FWOITY COU	Office sought	z FWOT	Office held
	Payee name		770 017	
04/89/25	INSTALL CONNECT			
Amount (\$)	Payee address;	City;	State;	Zip Code
366.00	505 W STATE STREET 6	BARLAND	水	75040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FEES	Apven	TISING E	EXPENSE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name **CARLOS E. FLERES FW CITY	Office sought	GETZ FWCH	Office held YCOUNCIL DIST. 2
	ATTACH ADDITIONAL COPIES OF THIS			,

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 Giff/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.

	the instruction duide explains now to t	omplete this form.		
Total pages Schedule F1:	2 FILER NAME CAPRIOS E, FLORES		3 Filer ID (Ethic	s Commission Filers)
Date 03/31/25	5 Payee name DANIEL SANCHET			
Amount (\$) 1,000,00	7 Payee address; 415 KENSINGTON LANE	City; MANSFIELD	State;	Zip Code 76063
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	•
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	FE	ES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H. CARLOSE, FLORES FW. CTY COM.	Office sought	- FW arra	Office held
Date	Payee name			
03/31/25	ELIZABETH SAWCHEZ			
Amount (\$) 1064-00	Payee address; 5177 BRITTON RIDGE LAN	city; FORTWIRE	State;	Zip Code 76179
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONTRACT LABOR	WA	GES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name HEARLOS E. FLATES FW CITY CO.	Office sought	ICT Z FW	Office held
Date	Payee name			
03/31/25	VANESSA CASTILLO			
Amount (\$)	Payee address;	City;	State;	Zip Code
840.00	2808 SOUTH PARK	FORT WORF	y tx	76133
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	CONTRACT LABOR	W	AGES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H CARLOS E. FUNES FW CITY COMMICE	Office sought	FWATYO	Office held
	ATTACH ADDITIONAL COPIES OF THIS			

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 Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME ARRIOS E. FLARES 3 Filer ID (Ethics Commission Filers)
4 Date 04/67/25	5 Payaa nama MARIA ELENA SOTELO
6 Amount (\$) 210 • <u>00</u>	7 Payee address; City; State; Zip Code 3302 N. NICHOLS STREET FORTWARTH TX 76/06
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	CONTRACT LABOR WAGES
	(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 / Office holder name Office sought Office held CHLIOSE, FLORES FW CATY COUNCIL DEJ. — FW CATY COUNCILDIST. Z
04/07/25	Payee name VANESSA CASTILLO
Amount (\$) 846,00	Payee address; City; State; Zip Code 2808 SOUTH PARK FORT WORTH TX 76133
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR WAGES
1	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CARLOL E. FLORES FW CITY COUNCIL DIST. Z FW CITY COUNCIL BIST. Z
04 /4 /25	Payee name LARIE Mc MASTER
Amount (\$) 420 - 00	Payee address; City; State; Zip Code 8708 LAYMOND AVE, FONT WORTH TX 76108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR WAGES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHRLOSE. FUNES FWCITY COUNCIL DISTRICT 2 FWCITY COUNCIL DISTRICT 2

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES |31/25 | 5 Payee name | LARIE MCMASTER |

\$) | 7 Payee address; | 8708 RAYMOND AVE, FONTWONTH TX (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE INAGES CONTRACT LABOR -**EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E-FLORES FUCTLY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2 ELIZABETH SANCHEZ

Payee address; City; State; Zip Code

5177 BRITTON RIDGE LN. FORTWORTH TX 76179 1,134.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF CONTRACT / ABOR WAGES EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH CARLOS F. FLORES FW CITY COUNCIL DIST. Z FW CITY COUNCIL DIST. Z Payee name LARIE MCMASTER Amount (\$) 336,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** WAGES CONTRACTOR LABOR **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLUXES FW CITY CONNCIL DIST, 2 FW CITY CONNCIL DIST_2

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Men Legal Services	norials Expense			Travel Out Of Distri Other (enter a cate	ict gory not listed above)
1 Total pages Schedule F1:	2 FILER N	IAME	S E.		•	3 Filer ID (Ethic	es Commission Filers)
4 Date 64 /14/25	5 Payeen	EL17	ABETH	SANC	HEZ		
882 · 00	7 Payee a	ddress; 77 BR.	I.TTON I	RIDGE	CN. FORT	State;	Zip Code 76179
8	(a) Catego	ry (See Categories	listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE		CONT	RACTL	ABOR	W	'AGE'S	
	(c)	Check if travel outside	de of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid CARL	date / Officehold	ler name	FW CIT	Office sought Y CONN CIL	DIST. 2 FW	Office held
Date	Payee n	ame					
04/14/25		DANI	EL SA	NCHE	7		
Amount (\$)	Payee a	ddress;	ر د د د د د د د د د د د د د د د د د د د	1 1 1 - 1-	City; F MANSF	State;	Zip Code
1,000.00	7)	5 KENS	/IUG 1010	LANE	THANSP	FIELD V.X	76063
	Categor	y (See Categories li	sted at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE		CONSUL	TING E	XPENSE	- /	FEE5	
		Check if travel outsid	de of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officehold		att Co	Office sought		Office held
Date	Payee n	ame					
04/14/25		ı	VANESS	SA CA	ASTILLO		
Amount (\$)	Payee a				City;	State;	Zip Code
840.00	Z808	south	PARK	/	TOST WO	CTH TX	76133
	Categor	y (See Categories li	sted at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE		CONTR	ACT LA	BOR		WAGES	
		Check if travel outside	de of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officehol		CITY COM	Office sough		Office held CONUCIL DIST?
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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orther a cottographed listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	Outer (et itel a catego	ny not iisted above)
1 Total pages Schedule F1:	2 FILER NAME ARIOS E, FLORES		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/16/25	5 Payee name	P, LLC		
6 Amount (\$) /, 000 · 00	CATALYST ADVISORS GROW 7 Payee address; 1108 LAVACA STREET 110-50	& AUSTIN	State;	Zip Code 78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE	M	ANAGEM	5NT
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name HI CHRLOS E. FLORES: FWCITY OU	Office sought	CTZ FUCK	Office held
Date	Payee name			
04/21/25	ELIZABETH SANCH	EZ		
Amount (\$) 952 °CC	Payee address; 5', 77 BRITTON RIDGE LN	City; I. FORTWOR	State;	Zip Code 76179
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONTRACT LABOR		WAGES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CHRIOS E. FUNES FWCTY COU	Office sought	CTZ FWC	Office held TY COUNCIL DIST.
Date	Payee name VANESSA CASTIL	LO		
Amount (\$) 1064 .00	Payee address; 2808 SOUTH PARK	City; FORT WOR	State;	Zip Code 76 133
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONTRACT LABOR	u	1AGES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLORES FW CITY CON	Office sought NCIL ØIST. Z	- FW CITY CO	Office held NACIL DIST: Z
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SCHEDULE F1

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

EXPENDITURE CAT	EGORIES F	FOR BOX 8(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	es/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLERES	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/25	5 Payee name LARIE McMA-STE 7 Payee address;	R
504.00	7 Payee address; 8708 RAYMOND AVE. WI	City; State; Zip Code HITE SETTLEMENT TX 7-6108
8	(a) Category (See Categories listed at the top of this schedule) (b)	b) Description
PURPOSE OF EXPENDITURE	CONTRACT LABOR	WAGES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H CARLOS E-FLOKES FWCITY	Office sought COUNCIL DIST. 2 FOR CITY COUNCIL DIS
Date	Payee name	
04/22/25	LONG DOG	
Amount (\$)	Payee address;	City; State; Zip Code
1445,00	3201 ODESSA AVE. FO.	NTWORTH TX 76109
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	CONTRACT LABOR	FEES
	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 CARLOZE, FLORES FW CITY C	Office sought Office held ONWALDIST. Z FWCITY CONNOLL DIST.
Date	Payee name	
04/10/25	CHARLIE FOR FORT I	WORTH
Amount (\$)	Payee address;	City; State; Zip Code
100,00		FORTWORTH TX 76137
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONATION	CAMPAIGN CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H CARUOL E. FLURES FW CITY COMU	Office sought Office held VAIL PIST. Z FW CITY CONVCIL PIST. 2
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

SCHEDULE I

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

	The Instruction Guide explains how to comp	lete this form.		
1 Total pages Schedule I:	2 FILER NAME AAKLOS E. FLORES	,	3 Filer ID (Ethics (commission Filers)
4 Date 64/10/25	NORTH SIDE HIGH SCH	COL GOLF	TOURNAM	UENT
6 Amount (\$)	7 Payee address;	City	State	Zip Code
605.00	2211 MOKINLEY AVENUE	FORT WOR	TH TX	76164
8 PURPOSE	(a) Category (See instructions for examples of acceptable		instructions regarding type	of information
OF EXPENDITURE	CONTRIBUTION DONATION	required.) S/	PONSORSHI	P
Date 04/14/25	Payee name CODE BLUE			
Amount (\$)	Payee address;	City	State	Zip Code
600.00		FUNT WO	KTH TX	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regarding type	of information
OF EXPENDITURE	CONTRIBUTION/DONATION	l '''	NEORSHIF	,
	CONTRIBUTION PORTION			
04/18/25	Payee name \mathcal{DRC}			
Amount (\$)	Payee address;	City	State	Zip Code
50.00	P.O. BOX 0871 FOR	TWORTH	TX	76161
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regarding type	of information
OF EXPENDITURE	CONTRIBUTION DONATION		ONATION	
Date 04/21/25	Payee name BEST YEAR'S CLUB	NORTHSIDE		
Amount (\$)	Payee address;	City	State	Zip Code
25.27	1100 NW 18TH STREET	FORT WORTH	t tx	76164
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regarding type	of information
OF EXPENDITURE	FOOD/BEVERAGE EXPENSE		EASTER	
	ATTACH ADDITIONAL CODIES OF THIS S	CHEDIII E AS NEI	EDED.	

SCHEDULE 1

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

	The Instruction Guide explains how to comp	lete this form.	
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers	;)
4 Date 04/21/25	5 Payee name SEVEN MILE CAFE		
6 Amount (\$)	7 Payee address;	City State Zip Code	
553.39	6300 NORTH FREEWAY	FORTWORTH TX 76137	<u>z</u>
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE	FOOD/BEVERAGE EXPENSE	BREAKFAST NW PIVISION	
Date 04/25/25	Payee name ALL SAINTS CATH	folle school	
Amount (\$)	Payee address;	City State Zip Code	
1036.30	2 006 N. HOUSTON STREET	FORTWORTH TX 76164	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF EXPENDITURE	CONTRIBUTION DONATION	1	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE			
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.)	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	_