

OFFICIAL RECORD

CITY SECRETARY
FT. WORTH, TXCANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORTFORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR C FIRST CARLOS MI E	OFFICE USE ONLY	
	NICKNAME LAST FLORES SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		Date Received CSO REC'D APR 25 '25 PM 4:49
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST ANDREA MI	Receipt #	Amount \$
	NICKNAME LAST ESPINOZA SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE		
(Residence or Business)	2720 NW 25TH STREET FORT WORTH TX 76106		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(817) 658-6978		
9 REPORT TYPE	<input 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 checked="" 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 03 / 25 / 2025 THROUGH 04 / 24 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) FORT WORTH CITY COUNCIL DISTRICT 2	13 OFFICE SOUGHT (if known) FORT WORTH CITY COUNCIL DISTRICT 2	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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

CARLOS E. FLORES

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 51,190.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 47,965.07

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 122,758.82

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

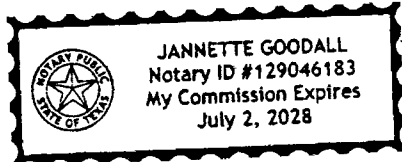
18 SIGNATURE

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 25 day of April,

2025, to certify which, witness my hand and seal of office.

Jannette Goodall
Signature of officer administering oath

Jannette Goodall
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

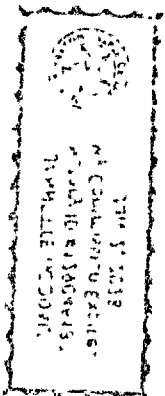
(2) Unsworn Declaration

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)



May 10 1918

May 10 1918

May 10 1918

May 10 1918

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>CARLOS E. FUMES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>51,190.⁰⁰</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>9,214.²¹</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>Ø</i>
4.	SCHEDULE E: LOANS	\$ <i>Ø</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>47,965.⁰⁷</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>Ø</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>Ø</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>Ø</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>Ø</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>Ø</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2869.⁹⁶</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>Ø</i>

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: 9
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/25	5 Full name of contributor out-of-state PAC (ID#: JASON SMITH	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 612 8TH AVENUE FORT WORTH TX 76104		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 03/31/25	Full name of contributor out-of-state PAC (ID#: DOMINGO GARCIA	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1111 W MOCKINGBIRD LN DALLAS TX 75208		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 04/02/25	Full name of contributor out-of-state PAC (ID#: TRAVIS CLEGG	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4020 VOLK CT. FORT WORTH TX 76244		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) WESTWOOD PROFESSIONAL SVCS.
Date 04/02/25	Full name of contributor out-of-state PAC (ID#: KEVIN K HORRAMI	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		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

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: 9
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/25	5 Full name of contributor out-of-state PAC (ID#: JASON & AMY BROWN 6 Contributor address; City; State; Zip Code 2112 PEMBROKE DR. FORTWORTH TX 76110	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) PRINCIPAL		9 Employer (See Instructions) DOSS INV
Date 04/13/25	Full name of contributor out-of-state PAC (ID#: JOAQUIM CARVALHO Contributor address; City; State; Zip Code 6312 INDIAN CREEK FORTWORTH TX 76116	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR		Employer (See Instructions) CITY OF FORT WORTH
Date 04/14/25	Full name of contributor out-of-state PAC (ID#: KERBY SMITH Contributor address; City; State; Zip Code 331 SANCHEZ CT. ALEDO TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) KRS REALITY ADVISORS
Date 04/15/25	Full name of contributor out-of-state PAC (ID#: KASEY PIPES Contributor address; City; State; Zip Code 3700 COUNTRY CLUB CIR. FORTWORTH TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) PIPES CO.
<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: 9
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/25	5 Full name of contributor out-of-state PAC (ID#: _____) WILLIAM BURGAN	7 Amount of contribution (\$) 40.00
6 Contributor address; City; State; Zip Code 9341 SUNDIAL DRIVE FORT WORTH TX 76244		
8 Principal occupation / Job title (See Instructions) AUCTIONEER		9 Employer (See Instructions) SELF
Date 04/16/25	Full name of contributor out-of-state PAC (ID#: _____) MOJIB HADDAD	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 2500 NE GREEN OAKS BLVD. ARLINGTON TX 76006		
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) CHS ARCHITECTS
Date 04/21/25	Full name of contributor out-of-state PAC (ID#: _____) DON ALLEN	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 7302 TIDAL TRACE ARLINGTON TX 76016		
Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPER		Employer (See Instructions) ABERDEEN LAND CO.
Date 04/24/25	Full name of contributor out-of-state PAC (ID#: _____) COMMITTEE FOR PUBLIC SAFETY	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 2501 PARKVIEW DRIVE FORT WORTH TX 76102		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 9
2 FILER NAME CARLOS E. FLORES		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 COUNTY	7 Amount of contribution (\$) 3,500.00
6 Contributor address; City; State; Zip Code 860 AIRPORT FRWY HURST TX 76054		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) —
Date 03/28/25	Full name of contributor out-of-state PAC (ID#: HAYDN H. OUTLER	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 3525 CAMP BOWIE FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF
Date 03/28/25	Full name of contributor out-of-state PAC (ID#: ROBERT HUNTER GOODWIN	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 1011 LYCEUM CT. COLLEGE STATION TX 77840		
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF
Date 03/28/25	Full name of contributor out-of-state PAC (ID#: FOR THE CHILDREN PAC	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code P.O. Box 169 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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 9	
2 FILER NAME CARLOS E. FLORES				3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/25	5 Full name of contributor out-of-state PAC (ID#: STEVE BROWN			7 Amount of contribution (\$) 2,000.00	
	6 Contributor address; City; State; Zip Code 1409 SUMMIT AVE. FORT WORTH TX 76102				
8 Principal occupation / Job title (See Instructions) REAL ESTATE			9 Employer (See Instructions) SELF		

Date 03/28/25	Full name of contributor out-of-state PAC (ID#: TEXAS EVENTS PAC			Amount of contribution (\$) 1,000.00	
	Contributor address; City; State; Zip Code 280 BAILEY AVE. FORT WORTH TX 76107				
Principal occupation / Job title (See Instructions) —			Employer (See Instructions) —		

Date 03/28/25	Full name of contributor out-of-state PAC (ID#: PRESTON W. GEREN			Amount of contribution (\$) 500.00	
	Contributor address; City; State; Zip Code 1200 WASHINGTON TER. FORT WORTH TX 76107				
Principal occupation / Job title (See Instructions) SELF			Employer (See Instructions) SELF		

Date 03/28/25	Full name of contributor out-of-state PAC (ID#: MIKE & ROSIE MONCRIEF			Amount of contribution (\$) 250.00	
	Contributor address; City; State; Zip Code 777 TAYLOR STREET FORT WORTH TX 76102				
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions) RETIRED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/25	5 Full name of contributor out-of-state PAC (ID#: AARON J. GARCIA	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1901 GRAND AVE FORTWORTH TX 76106		
8 Principal occupation / Job title (See Instructions) POLICE OFC.		9 Employer (See Instructions) CITY OF FORT WORTH
Date 04/24/25	Full name of contributor out-of-state PAC (ID#: BRAD J. GORRONDONA	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 2600 W 7TH STREET FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF
Date 04/24/25	Full name of contributor out-of-state PAC (ID#: CARL KROGNESS & ALLISON KROGNESS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3721 ARROYO RD. FORTWORTH TX 76109		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) BGE
Date 04/24/25	Full name of contributor out-of-state PAC (ID#: CARL T. DEZEE	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 222 CROWN POINTE BLVD. WILLOW TX 76087 CREEK		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) KIMLEY - HORN
<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

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;">9</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;">04/24/25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">HALFF ASSOCIATES - STATE PAC</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">250.00</div>
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1201 N BOWSER ROAD RICHARDSON TX 76081</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 <div style="text-align: center; font-size: 1.2em;">04/24/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">CHRIS KUYKENDALL</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">250.00</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3216 RIDGECREST DR. FLOWER MOUND TX 75022</div>		
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">PRINCIPAL</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">BGE</div>
Date <div style="text-align: center; font-size: 1.2em;">04/24/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">AGUIRRE & FIELDS LP PAC</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">250.00</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">7215 NEW TERRITORY BLVD. SUGAR LAND TX 77478</div>		
Principal occupation / Job title (See Instructions) <div style="text-align: center;">—</div>		Employer (See Instructions) <div style="text-align: center;">—</div>
Date <div style="text-align: center; font-size: 1.2em;">04/24/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">JEAN-MARIE ALEXANDER</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.5em;">250.00</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">8103 SHELTON DR. FORT WORTH TX 76120</div>		
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">ENGINEER</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">SHIELD ENGINEERING</div>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: <u>9</u>
2 FILER NAME <u>CARLOS E. FLORES</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>04/24/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>KERVIN M. CAMPBELL & GINEAR CAMPBELL</u>	7 Amount of contribution (\$) <u>150.00</u>
6 Contributor address; City; State; Zip Code <u>5216 GRAYSON RIDGE FORTWORTH TX 76179</u>		
8 Principal occupation / Job title (See Instructions) <u>ENGINEER</u>		9 Employer (See Instructions)
Date <u>04/04/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>FW FIREFIGHTERS COMMITTEE FOR RESP. GOV.</u>	Amount of contribution (\$) <u>10,000.00</u>
Contributor address; City; State; Zip Code <u>3855 TULSA WAY FORTWORTH TX 76107</u>		
Principal occupation / Job title (See Instructions) <u>—</u>		Employer (See Instructions) <u>—</u>
Date <u>04/04/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LINEBARBER GOGGAN BLAIR & SAMPSON, LLP</u>	Amount of contribution (\$) <u>2,500.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 17428 AUSTIN TX 78750</u>		
Principal occupation / Job title (See Instructions) <u>—</u>		Employer (See Instructions) <u>—</u>
Date <u>04/04/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GARY W. HAVENER</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 12196 FORTWORTH TX 76121</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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: 9
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/25	5 Full name of contributor out-of-state PAC (ID#: GREATER FORT WORTH REAL ESTATE PAC 6 Contributor address; City; State; Zip Code 777 MAIN ST. No. 2100 FORT WORTH TX 76102	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) —
Date 04/21/25	Full name of contributor out-of-state PAC (ID#: STEPHEN MURRIN Contributor address; City; State; Zip Code 500 NE 23RD ST. FORT WORTH TX 76164	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/21/25	Full name of contributor out-of-state PAC (ID#: PHILLIP MURRIN, SR. Contributor address; City; State; Zip Code 10201 CAMP BOWIE W. BLVD. FORT WORTH TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) SELF
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)

1

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>CARLOS E. FLORES</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>9,214.31</u>	
5 Date <u>04/21/25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>COMMITTEE FOR PUBLIC SAFETY POA</u>	8 Amount of Contribution \$ <u>8,898.89</u>	9 In-kind contribution description <u>PRODUCTION / POSTAGE CAMPAIGN SUPPORT MAILER</u>
7 Contributor address; City; State; Zip Code <u>2501 PARKVIEW DRIVE FORT WORTH TX 76102</u>		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 <u>04/24/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FREESE AND NICHOLS</u>	Amount of Contribution \$ <u>315.32</u>	In-kind contribution description <u>FOOD / BEVERAGE ROOM FEE</u>
Contributor address; City; State; Zip Code <u>801 CHERRY STREET FORT WORTH TX 76102</u>		Check if travel outside of Texas. Complete Schedule T.	
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.			

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	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: 9		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/25		5 Payee name CATALYST ADVISORS GROUP, LLC			
6 Amount (\$) 439.11		7 Payee address; 1108 LAVACA STREET 110-506		City; AUSTIN	State; TX
				Zip Code 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description CARDS		
	(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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2					
Date 04/11/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 2,500.00		Payee address; 1108 LAVACA STREET 110-506		City; AUSTIN	State; TX
				Zip Code 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description FEE		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2					
Date 04/03/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 8,898.89		Payee address; 1108 LAVACA STREET 110-506		City; AUSTIN	State; TX
				Zip Code 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PRINT / POSTAGE		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2					

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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	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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/25	5 Payee name CATALYST ADVISORS GROUP, LLC	
6 Amount (\$) 10,589.¹⁹	7 Payee address; City; State; Zip Code 1108 LAVACA ST. 110-506 AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINT POSTAGE
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 FW CITY COUNCIL DIST. 2		
Date 04/01/25	Payee name CATALYST ADVISORS GROUP, LLC	
Amount (\$) 6,261.⁸⁸	Payee address; City; State; Zip Code 1108 LAVACA ST. 110-506 AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING FEE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT FW CITY COUNCIL DIST. 2		
Date 04/01/25	Payee name CATALYST ADVISORS GROUP, LLC	
Amount (\$) 1,000.⁰⁰	Payee address; City; State; Zip Code 1108 LAVACA ST. 110-506 AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description MANAGEMENT FEE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 FW CITY COUNCIL DIST. 2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/25	5 Payee name CATALYST ADVISORS GROUP, LLC	
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 1108 LAVACA ST. 110-506 AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2		
Date 04/04/25	Payee name CATALYST ADVISORS GROUP, LLC	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1108 LAVACA ST. 110-506 FORT WORTH TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DELIVERY FEE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2		
Date 04/09/25	Payee name INSTALL CONNECT	
Amount (\$) 360.00	Payee address; City; State; Zip Code 505 W STATE STREET GARLAND TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description ADVERTISING EXPENSE
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2		

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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	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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/25	5 Payee name DANIEL SANCHEZ	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 715 KENSINGTON LANE MANSFIELD TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description FEES
	(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 CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 FW CITY COUNCIL DIST. 2	
Date 03/31/25	Payee name ELIZABETH SANCHEZ	
Amount (\$) 1064.00	Payee address; City; State; Zip Code 5177 BRITTON RIDGE LANE FORT WORTH TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description WAGES
	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 CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 FW CITY COUNCIL DIST. 2	
Date 03/31/25	Payee name VANESSA CASTILLO	
Amount (\$) 840.00	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	Description WAGES
	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 CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 FW CITY COUNCIL DIST. 2	

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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	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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/25	5 Payee name MARIA ELENA SOTELO	
6 Amount (\$) 210.00	7 Payee address; City; State; Zip Code 3302 N. NICHOLS STREET FORT WORTH TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description WAGES
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES FW CITY COUNCIL DIST. 2 Office sought FW CITY COUNCIL DIST. 2 Office held FW CITY COUNCIL DIST. 2		
Date 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	Description WAGES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES FW CITY COUNCIL DIST. 2 Office sought FW CITY COUNCIL DIST. 2 Office held FW CITY COUNCIL DIST. 2		
Date 04/14/25	Payee name LARIE McMASTER	
Amount (\$) 420.00	Payee address; City; State; Zip Code 8708 RAYMOND AVE. FORT WORTH TX 76108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description WAGES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 Office sought FW CITY COUNCIL DIST. 2 Office held FW CITY COUNCIL DIST. 2		

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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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/25	5 Payee name LARIE MCMASTER	
6 Amount (\$) 210.00	7 Payee address; City; State; Zip Code 8708 RAYMOND AVE. FORTWORTH TX 76108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description WAGES
	(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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2		
Date 04/07/25	Payee name ELIZABETH SANCHEZ	
Amount (\$) 1,134.00	Payee address; City; State; Zip Code 5177 BRITTON RIDGE LN. FORTWORTH TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description WAGES
	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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2		
Date 04/07/25	Payee name LARIE MCMASTER	
Amount (\$) 336.00	Payee address; City; State; Zip Code 8708 RAYMOND AVE. FORTWORTH TX 76108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACTOR LABOR	Description WAGES
	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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2		

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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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/25	5 Payee name ELIZABETH SANCHEZ	
6 Amount (\$) 882.00	7 Payee address; City; State; Zip Code 5177 BRITTON RIDGE LN. FORT WORTH TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description 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 / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2	
Date 04/14/25	Payee name DANIEL SANCHEZ	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 715 KENSINGTON LANE MANSFIELD TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description 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 Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2	
Date 04/14/25	Payee name VANESSA CASTILLO	
Amount (\$) 840.00	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	Description WAGES
	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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2	

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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	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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/25	5 Payee name CATALYST ADVISORS GROUP, LLC	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1108 LAVACA STREET 110-506 AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description MANAGEMENT
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2		
Date 04/21/25	Payee name ELIZABETH SANCHEZ	
Amount (\$) 952.00	Payee address; City; State; Zip Code 5177 BRITTON RIDGE LN. FORTWORTH TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description WAGES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DISTRICT 2 Office held FW CITY COUNCIL DIST. 2		
Date	Payee name VANESSA CASTILLO	
Amount (\$) 1064.00	Payee address; City; State; Zip Code 2808 SOUTH PARK FORTWORTH TX 76133	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description WAGES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DIST. 2 Office held FW CITY COUNCIL DIST. 2		
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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: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/25	5 Payee name LARIE McMASTER	
6 Amount (\$) 504.00	7 Payee address; 8708 RAYMOND AVE.	City; State; Zip Code WHITE SETTLEMENT TX 76108
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description WAGES
	(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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2	
Date 04/22/25	Payee name LONG DOG	
Amount (\$) 1445.00	Payee address; 3201 ODESSA AVE.	City; State; Zip Code FORT WORTH TX 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description FEES
	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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 FW CITY COUNCIL DIST. 2	
Date 04/10/25	Payee name CHARLIE FOR FORT WORTH	
Amount (\$) 100.00	Payee address; FORT WORTH	City; State; Zip Code TX 76137
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description CAMPAIGN CONTRIBUTION
	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 CARLOS E. FLORES FW CITY COUNCIL DIST. 2 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: 2		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/10/25		5 Payee name NORTH SIDE HIGH SCHOOL GOLF TOURNAMENT			
6 Amount (\$) 605.00		7 Payee address; 2211 MCKINLEY AVENUE		City FORT WORTH	State TX
				Zip Code 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.) SPONSORSHIP	
Date 04/14/25		Payee name CODE BLUE			
Amount (\$) 600.00		Payee address; FORT WORTH TX		City FORT WORTH	State TX
				Zip Code 76164	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION		Description (See instructions regarding type of information required.) SPONSORSHIP	
Date 04/18/25		Payee name DRC			
Amount (\$) 50.00		Payee address; P.O. BOX 0871		City FORT WORTH	State TX
				Zip Code 76101	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION		Description (See instructions regarding type of information required.) DONATION	
Date 04/21/25		Payee name BEST YEAR'S CLUB NORTHSIDE			
Amount (\$) 25.27		Payee address; 1100 NW 18TH STREET		City FORT WORTH	State TX
				Zip Code 76164	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) FOOD EASTER	

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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: 2	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 (\$) 553.39	7 Payee address; 6300 NORTH FREEWAY	City State Zip Code FORT WORTH TX 76137
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	(b) Description (See instructions regarding type of information required.) BREAKFAST NW DIVISION
Date 04/25/25	Payee name ALL SAINTS CATHOLIC SCHOOL	
Amount (\$) 1036.30	Payee address; 2006 N. HOUSTON STREET	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.) SPONSORSHIP
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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED