

OFFICIAL RECORD

CITY SECRETARY
FT. WORTH, TXFORM C/OH
COVER SHEET PG 1CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST CARLOS NICKNAME LAST FLORES MI E SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST ANDREA NICKNAME LAST ESPINOZA MI SUFFIX	Date Received CSO REC'D APR 3 '25 PM 2:19	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 2025 THROUGH 03 / 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) FW CITY COUNCIL DISTRICT 2 13 OFFICE SOUGHT (if known) FW CITY COUNCIL DISTRICT 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS 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 <i>CARLOS E. FLORES</i>		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)	\$ <i>Ø</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>58,225.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>39,432.61</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>120,366.10</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>Ø</i>

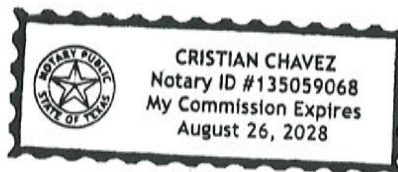
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carlos E. Flores

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Carlos E. Flores* this the *3rd* day of *April*, 20*25*, to certify which, witness my hand and seal of office.

[Signature]

Cristian Chavez

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CARLOS E. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 58,225. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 910. ⁵⁶
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 39,432. ⁶¹
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 467. ⁰¹
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGER WALTON	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2310 W F-20 ARLINGTON TX 76017		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 01/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERGIO L DELEON	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 4521 DIAZ AVE. FORTWORTH TX 76107		
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		Employer (See Instructions) TARRANT COUNTY
Date 01/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE SELLERS GREENE	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8144 BLACK ASH FORTWORTH TX 76131		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNEY HOLLAND & ELIZABETH HOLLAND	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1301 THROCKMORTON FORTWORTH TX 76102		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SELF
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTON GEREN 6 Contributor address; City; State; Zip Code 1200 WASHINGTON FORT WORTH TX 76107	7 Amount of contribution (\$) 500⁰⁰
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) SELF
Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFRY R. DAVIS Contributor address; City; State; Zip Code MISTLETOE FORT WORTH TX	Amount of contribution (\$) 500⁰⁰
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF
Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BEST HAT STORE Contributor address; City; State; Zip Code 2739 N MAIN ST. FORT WORTH TX 76164	Amount of contribution (\$) 1000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions) OWNER
Date 01/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMIGOS GENERAL INVESTMENTS, INC. Contributor address; City; State; Zip Code 1117 N. MAIN ST. FORT WORTH TX 76164	Amount of contribution (\$) 1000⁰⁰
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) OWNER
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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: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEE J. KELLY, JR.	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 5766 MERRYMOUNT FORT WORTH TX 76107		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. LEE M. BASS	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 201 MAIN STREET FORT WORTH TX 76102		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) SELF
Date 01/08/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOOD GOVERNMENT FUND	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code FORT WORTH TX		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACCOUNTABLE GOVERNMENT FUND	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code FORT WORTH TX		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW FIREFIGHTERS COMMITTEE FOR RESP. GOVT <hr/> 6 Contributor address; City; State; Zip Code 3355 TULSA WAY FORT WORTH TX 76107	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) —
Date 01/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOPAC MANAGEMENT LLC <hr/> Contributor address; City; State; Zip Code 1635 ROGERS RD. FORT WORTH TX 76107	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM DUNAWAY <hr/> Contributor address; City; State; Zip Code 500 ALTA DRIVE FORT WORTH TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/02/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN DUNAWAY <hr/> Contributor address; City; State; Zip Code 2308 WINTON TERR. W. FORT WORTH TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFRED MICALIEF	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 1401 N. BOWIE DR. WEATHERFORD TX 76086		
8 Principal occupation / Job title (See Instructions) EXECUTIVE		9 Employer (See Instructions) JMK HOLDINGS
Date 01/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY ROSENTHAL	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 600 E. EXCHANGE AVE. FORT WORTH, TX 76164		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH BARR	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3101 AVONDALE AVE. FORT WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 01/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREY HARRIS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6133 WALLA FORT WORTH TX 76133		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
<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

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: 11
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH LANCARTE 6 Contributor address; City; State; Zip Code 2627 TILLAR STREET FORT WORTH TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) LANCARTE COMMERCIAL
Date 01/07/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED W. PIGMAN Contributor address; City; State; Zip Code 200 TEXAS WAY HNER FORT WORTH TX 76106	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) TEXAS JET
Date 01/07/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE M. YOUNG, JR. Contributor address; City; State; Zip Code 3230 CAMP POWIE BLVD. FORT WORTH, TX 76107	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PEGASUS
Date 01/07/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD DAVIDOVICH Contributor address; City; State; Zip Code 600 E. EXCHANGE AVE FORT WORTH TX 76164	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) KWD MGMT
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA V. LEONARD <hr/> 6 Contributor address; City; State; Zip Code 1411 SHADY OAKS LANE FORT WORTH TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIANNE AULD <hr/> Contributor address; City; State; Zip Code 201 MAIN STREET FORT WORTH TX 76102	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KELLY HART
Date 01/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKYLAR & STEPHEN O'NEAL <hr/> Contributor address; City; State; Zip Code 2808 HARLAN WOODS FORT WORTH TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) SUMMIT
Date 01/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY JACKSON <hr/> Contributor address; City; State; Zip Code 2019 WARD PARKWAY FORT WORTH TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) WALTON LAWYERS
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADITH PAI	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 4520 CLOUD VIEW RD FORT WORTH TX 76109		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) TX HEALTH SOUTHWEST
Date 01/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE BERRY	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 6217 GENOA RD FORT WORTH TX 76116		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) HILLWOOD
Date 01/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL PAINE	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 112 CRESTCANYON DR. FORT WORTH TX 76108		
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) FW STOCKYARDS, INC.
Date 01/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT PETRIE	Amount of contribution (\$) 2500⁰⁰
Contributor address; City; State; Zip Code 7217 CHARLENE CT. AZLE TX 76020		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SELF
<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: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID KNIGHT	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4109 CLOUDVEIL TER. FORT WORTH TX 76109		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) DOSS INVEST.
Date 01/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANEL THOMAS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1001 W ROSEDALE ST. FORT WORTH TX 76104		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
Date 02/06/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL SCHRYER	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 2458 W MAIN ST. FORT WORTH TX 76164		
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) SGS LLC
Date 02/06/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL WARD	Amount of contribution (\$) 175.00
Contributor address; City; State; Zip Code 2300 HILLCREST ST. FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
<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: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANNA CABELLO	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 37 PIAZZA LANE COLLEYVILLE TX 76034		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) KELLER WILLIAMS AFW
Date 02/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEVIN KHORRAMI	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2860 SKYLAKE DR. FORTWORTH TX 76179		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 03/05/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM DELONG	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8704 GRANITE CT. FORTWORTH TX 76179		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CHANGING YOUR CITY
Date 03/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD CASAREZ	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6900 LA CANTERA DR. FORTWORTH TX 76108		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) ONCOR
<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: 11
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/25	5 Full name of contributor out-of-state PAC (ID#: PETER LYDEN	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code 6720 FOX POINTE FORTWORTH TX 76132		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) LYDEN INVESTMENTS
Date 03/14/25	Full name of contributor out-of-state PAC (ID#: EDWARDS GEREN, LTD.	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4200 S. HULEN ST. FORTWORTH TX 76109		
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date 03/21/25	Full name of contributor out-of-state PAC (ID#: JEFF DAVIS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2325 MISTLETOE DR. FORTWORTH TX 76110		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) REPUBLIC TITLE
Date 03/23/25	Full name of contributor out-of-state PAC (ID#: BRIAN DUNAWAY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2308 WINTON TER FORTWORTH TX 76109		
Principal occupation / Job title (See Instructions) SELF		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>		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

\$ 910 ⁵⁵/₁₀₀

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

01/15/25

CHRIS GAVRAS

8	Amount of Contribution \$
---	---------------------------

455. 28

9 In-kind contribution description

EVENT
FOOD/BEVERAGE

7 Contributor address; City; State; Zip Code
1301 THROCKMORTON FORT WORTH TX 76102

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

CONSULTANT

11 Employer (FOR NON-JUDICIAL)(See Instructions)

SELF

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)

Full name of contributor ☐ out-of-state PAC (ID#: _____)

01/15/25

DEE KELLY, JR.

Amount of Contribution \$

455.20

In-kind contribution description

EVENT
FOOD/BEVERAGE

Contributor address; City; State; Zip Code
201 MAIN STREET FORT WORTH TX 76102

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

ATTORNEY

Employer (FOR NON-JUDICIAL)(See Instructions)

SELF

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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/20/25		5 Payee name CATALYST ADVISORS GROUP, LLC			
6 Amount (\$) 1005.53		7 Payee address; 1108 LAVACA STREET		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 SIGNS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2
Date 03/18/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 1280.06		Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX
				Zip Code 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2
Date 03/12/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 1000.00		Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX
				Zip Code 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description MANAGEMENT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DISTRICT 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: <div style="text-align: center; font-size: 1.5em;">5</div>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/25		5 Payee name CATALYST ADVISORS GROUP, LLC			
6 Amount (\$) 2500.00		7 Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX Zip Code 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY/WAGES/CONTRACT LABOR		(b) Description FIELD TEAM		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST. 2 </div>					
Date 02/28/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 7761.88		Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ADVERTISING TEAM		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST. 2 </div>					
Date 03/01/25		Payee name CATALYST ADVISORS GROUP, LLC			
Amount (\$) 1000.00		Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description MANAGEMENT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST. 2 </div>					

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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: <div style="text-align: center;">5</div>	2 FILER NAME <div style="text-align: center;">CARLOS E. FLORES</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">02/28/25</div>	5 Payee name <div style="text-align: center;">CATALYST ADVISORS GROUP, LLC</div>	
6 Amount (\$) <div style="text-align: center;">6364.59</div>	7 Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div>1108 LAVACA STREET</div> <div>AUSTIN</div> <div>TX</div> <div>78701</div> </div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	(b) Description <div style="text-align: center;">DESIGN PRINT</div>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> <div>CARLOS E. FLORES</div> <div>FW CITY COUNCIL DISTRICT 2</div> <div>CITY COUNCIL DIST. 2</div> </div>		
Date <div style="text-align: center;">02/18/25</div>	Payee name <div style="text-align: center;">CATALYST ADVISORS GROUP, LLC</div>	
Amount (\$) <div style="text-align: center;">479.98</div>	Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div>1108 LAVACA STREET</div> <div>AUSTIN</div> <div>TX</div> <div>78701</div> </div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	Description <div style="text-align: center;">DESIGN PRINT</div>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> <div>CARLOS E. FLORES</div> <div>FW CITY COUNCIL DISTRICT 2</div> <div>CITY COUNCIL DIST. 2</div> </div>		
Date <div style="text-align: center;">02/18/25</div>	Payee name <div style="text-align: center;">CATALYST ADVISORS GROUP, LLC</div>	
Amount (\$) <div style="text-align: center;">314.75</div>	Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div>1108 LAVACA STREET</div> <div>AUSTIN</div> <div>TX</div> <div>78701</div> </div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>	Description <div style="text-align: center;">DESIGN PRINT</div>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held <div style="display: flex; justify-content: space-between;"> <div>CARLOS E. FLORES</div> <div>FW CITY COUNCIL DISTRICT 2</div> <div>CITY COUNCIL DIST. 2</div> </div>		

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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: 5		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)				
4 Date 02/18/25		5 Payee name CATALYST ADVISORS GROUP, LLC						
6 Amount (\$) 81.19		7 Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX			
				Zip Code 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description DELIVERY					
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Candidate / Officeholder name CARLOS E. FLORES</td> <td style="width:33%;">Office sought FW CITY COUNCIL DISTRICT 2</td> <td style="width:33%;">Office held CITY COUNCIL DIST. 2</td> </tr> </table>						Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2
Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2						
Date 02/04/25		Payee name CATALYST ADVISORS GROUP, LLC						
Amount (\$) 10541.93		Payee address; 1108 LAVACA STREET		City; AUSTIN	State; TX			
				Zip Code 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ADVERTISING TEAM					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Candidate / Officeholder name CARLOS E. FLORES</td> <td style="width:33%;">Office sought FW CITY COUNCIL DISTRICT 2</td> <td style="width:33%;">Office held CITY COUNCIL DIST. 2</td> </tr> </table>						Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2
Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2						
Date 01/16/25		Payee name ROXSTAR MARKETING						
Amount (\$) 2220.00		Payee address; 2029 N. MAIN STREET		City; FORT WORTH	State; TX			
				Zip Code 76164				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description WEBSITE					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Candidate / Officeholder name CARLOS E. FLORES</td> <td style="width:33%;">Office sought FW CITY COUNCIL DISTRICT 2</td> <td style="width:33%;">Office held CITY COUNCIL DIST. 2</td> </tr> </table>						Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held CITY COUNCIL DIST. 2
Candidate / Officeholder name CARLOS E. FLORES	Office sought FW CITY COUNCIL DISTRICT 2	Office held 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: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 01/13/25	5 Payee name CATALYST ADVISORS GROUP, LLC	
6 Amount (\$) 2882.70	7 Payee address; City; State; Zip Code 1108 LAVACA STREET AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST-2		
Date 01/13/25	Payee name CATALYST ADVISORS GROUP, LLC	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1108 LAVACA STREET FORT WORTH TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description MANAGEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST. 2		
Date 01/30/25	Payee name CATALYST ADVISORS GROUP, LLC	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1108 LAVACA STREET AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description MANAGEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held CARLOS E. FLORES FW CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST-2		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 02/18/25	5 Payee name GREATER FTW MLK COMMITTEE			
6 Amount (\$) 100.00	7 Payee address; 		City FORTWORTH	State TX Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEE		(b) Description (See instructions regarding type of information required.) REGISTRATION	
Date 03/06/25	Payee name GIRLS INC. TARRANT COUNTY			
Amount (\$) 25.00	Payee address; 304 E. VICKERY BLVD.		City FORTWORTH	State TX Zip Code 76104
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION		Description (See instructions regarding type of information required.) CONTRIBUTION/LUNCHEON	
Date 03/19/25	Payee name CITY OF FORT WORTH			
Amount (\$) 330.00	Payee address; 100 FORT WORTH TRAIL		City FORT WORTH	State TX Zip Code 76102
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES		Description (See instructions regarding type of information required.) PARK PERMIT	
Date 03/24/25	Payee name AVOCA COFFEE			
Amount (\$) 12.00	Payee address; 128 E. EXCHANGE AVE.		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.) BUSINESS MEETING	

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