

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <b>CARLOS E</b> NICKNAME LAST SUFFIX <b>FLORES</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>	CSO REC'D JAN 15 '25 AM 8:26	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <b>ANDREA</b> NICKNAME LAST SUFFIX <b>ESPINOZA</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2720 NW 29TH STREET FORT WORTH TX 76106</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 658-6978		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>07 / 01 / 2024    THROUGH    12 / 31 / 2024</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 03 / 2025</b>	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) <b>CITY COUNCIL DISTRICT 2</b>	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL DISTRICT 2</b>	
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	<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

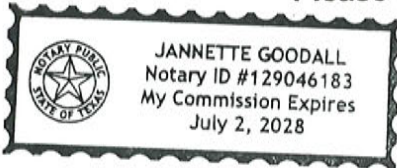
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>CARLOS E. FLORES</b>		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)	\$ $\phi$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ $\phi$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4418.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 113627.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ $\phi$

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.

*[Handwritten Signature]*  
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 15 day of January 2025, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>CARLOS E. FLORES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4100.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>Ø</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>4418.35</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>2469.08</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: <b>1</b>
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROSA NAVEJAR</b>	7 Amount of contribution (\$) <b>1000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>7400 SAND ST. FORT WORTH TX 76118</b>		
8 Principal occupation / Job title (See Instructions) <b>PRESIDENT</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>12/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN MURRIN PRITCHETT</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6836 BRANTS LANE FORT WORTH TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>SELF</b>		Employer (See Instructions) <b>SELF</b>
Date <b>12/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RHETT BENNETT</b>	Amount of contribution (\$) <b>2500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3861 BELLAIRE CIRCLE FORT WORTH TX 76109</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>BLACK MNT</b>
Date <b>12/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACK MILLER</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. BOX FORT WORTH TX 76113</b>		
Principal occupation / Job title (See Instructions) <b>INVESTOR</b>		Employer (See Instructions) <b>SELF</b>

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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.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/23/24</i>	<b>5</b> Payee name <i>SIGNS BY TOMORROW</i>	
<b>6</b> Amount (\$) <i>142.38</i>	<b>7</b> Payee address; <i>3509 NW JIM WRIGHT FWY</i>	City; State; Zip Code <i>Fortworth TX 76106</i>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<b>(b)</b> Description <i>SIGNS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DIST. 2</i>
		Office held <i>CITY COUNCIL D2</i>
Date <i>.</i>	Payee name <i>PRINT PLACE</i>	
Amount (\$) <i>4025.97</i>	Payee address; <i>1130 AVE H EAST</i>	City; State; Zip Code <i>ARLINGTON TX 76011</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <i>PRINTING</i>
	<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 <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DIST. 2</i>
		Office held <i>CITY COUNCIL DIST. 2</i>
Date <i>12/13/24</i>	Payee name <i>MURPHY NASICA</i>	
Amount (\$) <i>250.00</i>	Payee address; <i>P.O. BOX 1648</i>	City; State; Zip Code <i>AUSTIN TX 78767</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description <i>CONSULTING</i>
	<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 <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DIST. 2</i>
		Office held <i>CITY COUNCIL DIST. 2</i>

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: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/04/24</b>	5 Payee name <b>CASA AZUL</b>
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6 Amount (\$) <b>11.82</b>	7 Payee address; <b>300 W CENTRAL AVENUE</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76164</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>FOOD / BEVERAGE EXPENSE</b>	(b) Description (See instructions regarding type of information required.) <b>BUSINESS MTG</b>
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Date <b>11/05/24</b>	Payee name <b>TRINITY HABITAT FOR HUMANITY</b>
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Amount (\$) <b>1006.00</b>	Payee address; <b>N. NORMAN DALE STREET</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76116</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>DONATION</b>	Description (See instructions regarding type of information required.) <b>CHARITY / NON-PROFIT</b>
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Date <b>10/01/24</b>	Payee name <b>NORTHSIDE NEIGHBORHOOD ASSOCIATION</b>
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Amount (\$) <b>150.00</b>	Payee address; <b>2020 NW 21ST STREET</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76164</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>CONTRIBUTION / DONATION</b>	Description (See instructions regarding type of information required.) <b>NATIONAL NIGHT OUT SPONSORSHIP</b>
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Date <b>11/20/24</b>	Payee name <b>WALMART</b>
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Amount (\$) <b>175.56</b>	Payee address; <b>2245 JACKSBORO HWY</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76114</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>DONATION</b>	Description (See instructions regarding type of information required.) <b>COMMUNITY CENTER TURKEYS</b>
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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/22/24</b>	5 Payee name <b>STOCKYARDS BUSINESS ASSOCIATION</b>
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6 Amount (\$) <b>25.00</b>	7 Payee address; <b>ARLINGTON TX 76016</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>FOOD / BEVERAGE EXPENSE</b>	(b) Description (See instructions regarding type of information required.) <b>MONTHLY MTG.</b>
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Date <b>09/17/24</b>	Payee name <b>STOCKYARDS BUSINESS ASSOCIATION</b>
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Amount (\$) <b>25.00</b>	Payee address; <b>ARLINGTON TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD / BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>MONTHLY MTG</b>
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Date <b>11/01/24</b>	Payee name <b>JUNIOR ACHIEVEMENT</b>
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Amount (\$) <b>25.00</b>	Payee address; <b>6300 RIDGLEA PLACE FORT WORTH TX 76116</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>DONATION</b>	Description (See instructions regarding type of information required.) <b>CHARITY / COMMUNITY ORG.</b>
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Date <b>07/19/24</b>	Payee name <b>CASA AZUL</b>
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Amount (\$) <b>5.41</b>	Payee address; <b>300 W CENTRAL AVENUE FORT WORTH TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD / BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>BUSINESS MTG</b>
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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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1 Total pages Schedule I: <b>5</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>07/18/24</b>	5 Payee name <b>CHICK-FIL-A</b>
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6 Amount (\$) <b>38.<sup>43</sup></b>	7 Payee address; <b>2011 N. MAIN STREET</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76164</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>DONATION</b>	(b) Description (See instructions regarding type of information required.) <b>CAMP FORT WORTH KIDS</b>
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Date <b>08/20/24</b>	Payee name <b>STOCKYARDS BUSINESS ASSOCIATION</b>
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Amount (\$) <b>25.<sup>00</sup></b>	Payee address; <b>ARLINGTON</b>	City <b>ARLINGTON</b>	State <b>TX</b>	Zip Code <b>76016</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>MONTHLY MTG.</b>
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Date <b>10/07/24</b>	Payee name <b>TACO VIBE</b>
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Amount (\$) <b>19.<sup>40</sup></b>	Payee address; <b>752 S. KNOWLES, DR.</b>	City <b>SAGINAW</b>	State <b>TX</b>	Zip Code <b>76179</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>	Description (See instructions regarding type of information required.) <b>REMINGTON POINT PTA</b>
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Date <b>10/21/24</b>	Payee name <b>DREAMING THE CURE</b>
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Amount (\$) <b>300.<sup>00</sup></b>	Payee address; <b>FORT WORTH</b>	City <b>FORT WORTH</b>	State <b>TX</b>	Zip Code <b>76106</b>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>DONATION</b>	Description (See instructions regarding type of information required.) <b>PEDIATRIC TUMOR RESEARCH</b>
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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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1 Total pages Schedule I: <b>5</b>		2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/21/24</b>		5 Payee name <b>LOS ASADEROS</b>			
6 Amount (\$) <b>48.<sup>27</sup></b>		7 Payee address; <b>1535 N. MAIN STREET</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76164</b>	
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>		(b) Description (See instructions regarding type of information required.) <b>BUSINESS LUNCH</b>	
Date <b>12/11/24</b>		Payee name <b>CATHOLIC CHARITIES</b>			
Amount (\$) <b>50.<sup>00</sup></b>		Payee address; <b>249 W THORNHILL DRIVE</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76115</b>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>DONATION</b>		Description (See instructions regarding type of information required.) <b>CHARITY / NON-PROFIT</b>	
Date <b>12/26/24</b>		Payee name <b>ESPERANZA'S RESTAURANT</b>			
Amount (\$) <b>258.<sup>11</sup></b>		Payee address; <b>2122 N. MAIN STREET</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76164</b>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>FOOD/BEVERAGE EXPENSE</b>		Description (See instructions regarding type of information required.) <b>FOOD DONATION</b>	
Date <b>09/19/2024</b>		Payee name <b>FORT WORTH AVIATION MUSEUM</b>			
Amount (\$) <b>200.<sup>00</sup></b>		Payee address; <b>3300 ROSS AVENUE</b>		City <b>FORT WORTH</b>	State <b>TX</b>
				Zip Code <b>76106</b>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>DONATION</b>		Description (See instructions regarding type of information required.) <b>NORTH TEXAS BIVING DAY</b>	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <i>5</i>		<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>12/26/24</i>		<b>5</b> Payee name <i>RISKYS STEAKHOUSE</i>			
<b>6</b> Amount (\$) <i>50.<sup>00</sup></i>		<b>7</b> Payee address; <i>120 E EXCHANGE AVE.</i>		<b>City</b> <i>FORT WORTH</i>	<b>State</b> <i>TX</i>
				<b>Zip Code</b> <i>76164</i>	
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE EXPENSE</i>		<b>(b)</b> Description (See instructions regarding type of information required.) <i>STAFF HOLIDAY LUNCH</i>	
Date <i>09/20/24</i>		Payee name <i>NORTHSIDE INTER-COMMUNITY AGENCY</i>			
Amount (\$) <i>50.<sup>00</sup></i>		Payee address; <i>1600 CIRCLE PARK BLVD.</i>		<b>City</b> <i>FORT WORTH</i>	<b>State</b> <i>TX</i>
				<b>Zip Code</b> <i>76164</i>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>		Description (See instructions regarding type of information required.) <i>NORTH TEXAS GIVING DAY</i>	
Date <i>09/29/24</i>		Payee name <i>AMBER HERNANDEZ</i>			
Amount (\$) <i>12.<sup>00</sup></i>		Payee address; <i>300 W. VICKERY</i>		<b>City</b> <i>FORT WORTH</i>	<b>State</b> <i>TX</i>
				<b>Zip Code</b> <i>76104</i>	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <i>DONATION</i>		Description (See instructions regarding type of information required.) <i>SMALL BUSINESS</i>	
Date		Payee name			
Amount (\$)		Payee address;		<b>City</b>	<b>State</b> <b>Zip Code</b>
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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