

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:
20

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

CARLOS

MI

E

NICKNAME

LAST

FLORES

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

ANDREA

MI

NICKNAME

LAST

ESPINOZA

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

2720 NW 25TH STREET

FORT WORTH

TX

76106

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 658-6978

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2023

THROUGH

Month

Day

Year

12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 25

Primary

Runoff

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL DISTRICT 2

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>CARLOS E. FLORES</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>39350.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3811.89</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>114,476.16</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

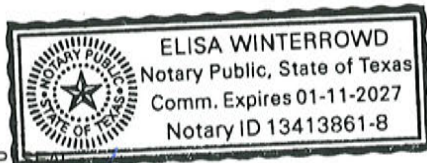
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Carlos Flores this the 16th day of January, 2021, to certify which, witness my hand and seal of office.

[Signature] Elisa Winterrowd Sr. Admin Assist
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CARLOS E. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39350. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1263. ⁰⁰
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3811. ⁸⁹
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3343. ⁷⁹
12.	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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/23	5 Full name of contributor out-of-state PAC (ID#: REED PIGMAN	7 Amount of contribution (\$) 2000.00
6 Contributor address; City; State; Zip Code 200 TEXAS WAY FORT WORTH TX 76106		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) OWNER
Date 11/16/23	Full name of contributor out-of-state PAC (ID#: TOM PURVIS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 222 W EXCHANGE AVE FORT WORTH TX 76164		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) CONTINENTAL
Date 11/21/23	Full name of contributor out-of-state PAC (ID#: MARTHA LEONARD	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1411 SHADY OAKS LN. FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) SELF
Date 11/22/23	Full name of contributor out-of-state PAC (ID#: TOM KRAMPITZ	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 807 NORTH OAK CLIFF DALLAS TX 75208		
Principal occupation / Job title (See Instructions) ATTORNEY		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

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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/23	5 Full name of contributor out-of-state PAC (ID#: RUSSELL LAUGHLIN 6 Contributor address; City; State; Zip Code 9800 HILLWOOD PARKWAY FORTWORTH, TX 76117	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE		9 Employer (See Instructions) HILLWOOD PROPERTIES
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: ARNOLD GACHMAN Contributor address; City; State; Zip Code 1229 SHADY OAKS LANE FORT WORTH TX 76107	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) SELF
Date 12/01/23	Full name of contributor out-of-state PAC (ID#: RICHARD CASAREZ Contributor address; City; State; Zip Code 6900 LA CANTERA DR. FORT WORTH TX 76108	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) ONCOR
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: KELLY HART PAC Contributor address; City; State; Zip Code 201 MAIN STREET FORT WORTH TX 76102	Amount of contribution (\$) 2000.00
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

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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Full name of contributor out-of-state PAC (ID#: GERREE M. YOUNG, JR. <hr/> 6 Contributor address; City; State; Zip Code P.O. BOX 123610 FORT WORTH TX 76121	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: DEE KELLY, JR. <hr/> Contributor address; City; State; Zip Code 5756 MERRYMOUNT RD. FORT WORTH TX 76107	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KELLY HART HALLMAN
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: BERRY LIVING TRUST <hr/> Contributor address; City; State; Zip Code 6214 GENOA RD. FORT WORTH TX 76116	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) -
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: GOOD GOVERNMENT FUND <hr/> Contributor address; City; State; Zip Code FORT WORTH TX	Amount of contribution (\$) 1000.00
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

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: 4
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Full name of contributor out-of-state PAC (ID#: MOPAC MANAGEMENT LLC 6 Contributor address; City; State; Zip Code 1635 ROGERS RD. FORT WORTH TX 76107	7 Amount of contribution (\$) 10000.00
8 Principal occupation / Job title (See Instructions) -		9 Employer (See Instructions) -
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: PETE GEREN Contributor address; City; State; Zip Code 1200 WASHINGTON TERR. FORT WORTH TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: GARY BLAKE Contributor address; City; State; Zip Code 4150 INTERNATIONAL PLAZA FORT WORTH TX 76109	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) -		Employer (See Instructions) SELF
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: MOJIB HADDAD Contributor address; City; State; Zip Code 2500 NE GREEN OAKS BLVD ARLINGTON TX 76006	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) REAL ESTATE		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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Full name of contributor out-of-state PAC (ID#: TOM GALBREATH	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 11717 CAMBRIA CT. ALEDO TX 76008		
8 Principal occupation / Job title (See Instructions) CHAIRMAN		9 Employer (See Instructions) PUNAWAY
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: R. MACK SNEED	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 508 W NORTHSIDE DRIVE FORT WORTH TX 76164		
Principal occupation / Job title (See Instructions) DDS		Employer (See Instructions) SELF
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: TRAVIS D. CLEGG	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4020 VOLK CT. FORT WORTH TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: PSEL PAC	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 201 MAIN STREET 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

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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: LEONARD & NICOLE FIRESTONE <hr/> 6 Contributor address; City; State; Zip Code 3905 MONTICELLO DRIVE FORT WORTH TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SELF
Date 11/30/23	Full name of contributor out-of-state PAC (ID#: ROBERT FERNANDEZ <hr/> Contributor address; City; State; Zip Code 2305 COLONIAL PARKWAY FORT WORTH TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
Date 11/22/23	Full name of contributor out-of-state PAC (ID#: WILLIAM E. BAILEY <hr/> Contributor address; City; State; Zip Code P.O. BOX 510 FORT WORTH TX 76101	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SELF
Date 12/01/23	Full name of contributor out-of-state PAC (ID#: JAMES R. DUNAWAY <hr/> Contributor address; City; State; Zip Code 500 ALTA DRIVE FORT WORTH TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) DUNAWAY & ASSOC.
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

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: 7
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/23	5 Full name of contributor out-of-state PAC (ID#: BARNEY HOLLAND	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1301 THROCKMORTON FORT WORTH TX 76102		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) BARNEY HOLLAND COMPANY
Date 12/16/23	Full name of contributor out-of-state PAC (ID#: FT. WORTH RETIRED FIREFIGHTERS COMMITTEE	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/04/23	Full name of contributor out-of-state PAC (ID#: AL ZITOM	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code FORT WORTH TX		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 07/13/23	Full name of contributor out-of-state PAC (ID#: GREATER FORT WORTH REAL ESTATE COUNCIL PAC	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 777 N. MAIN STREET 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>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <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>1263.09</u>	
5 Date <u>11/30/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRIS GAVRAS</u>	8 Amount of Contribution \$ <u>1065.64</u>	9 In-kind contribution description <u>ROOM/SETUP FOOD</u>
7 Contributor address; City; State; Zip Code <u>1301 THROCKMORTON # 2105 FORT WORTH TX 76102</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>BUSINESS OWNER</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF</u>	
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>11/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DEE KELLY, JR.</u>	Amount of Contribution \$ <u>197.45</u>	In-kind contribution description <u>BEVERAGES</u>
Contributor address; City; State; Zip Code <u>201 MAIN 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) <u>ATTORNEY</u>		Contributor's job title (FOR JUDICIAL)(See Instructions) <u>PARTNER</u>	
Contributor's employer/law firm (FOR JUDICIAL) <u>KELLY HARTHAHLMAN LLP</u>		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: 1	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/23	5 Payee name PRINT PLACE	
6 Amount (\$) 1581.63	7 Payee address; 1130 AVENUE H EAST	City; State; Zip Code ARLINGTON TX 76011
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINTING
	(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 CITY COUNCIL DISTRICT 2 CITY COUNCIL D2	
Date 12/15/23	Payee name PRINT PLACE	
Amount (\$) 1880.26	Payee address; 1130 AVENUE H EAST	City; State; Zip Code ARLINGTON TEXAS 76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description POSTAGE
	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 CITY COUNCIL DISTRICT 2 CITY COUNCIL DIST. 2	
Date 10/19/23	Payee name RACHEL DELIRA PICTURES	
Amount (\$) 350.00	Payee address; 3208 RIVERLAKE DRIVE	City; State; Zip Code HURST TX 76053
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PHOTOGRAPHY EVENT
	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 CITY COUNCIL DIST 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: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 08/11/23	5 Payee name DIAMOND HILL NORTHSIDE YOUTH ASSOCIATION	
6 Amount (\$) 300.00	7 Payee address; P.O. BOX 162253	City State Zip Code FORTWORTH TX 76161
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	(b) Description (See instructions regarding type of information required.) DONATION
Date 12/22/23	Payee name WALMART SUPERCENTER	
Amount (\$) 71.26	Payee address; 2245 JACKSBORO HWY	City State Zip Code FORTWORTH TX 76114
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) FOOD DONATION NS SENIOR CITIZENS
Date 08/08/23	Payee name ARTES DE LA ROSA	
Amount (\$) 300.00	Payee address; 1440 N. MAIN STREET	City State Zip Code FORTWORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION BACK TO SCHOOL EVENT
Date 08/01/23	Payee name LOS ZARAPES RESTAURANT	
Amount (\$) 34.85	Payee address; 1503 NW 25TH STREET	City State Zip Code FORTWORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) BUSINESS LUNCH

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: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/23	5 Payee name JON SMITH SUBS	
6 Amount (\$) 33.31	7 Payee address; 411 W 7TH STREET	City State Zip Code FORT WORTH TX 76102
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.) BUSINESS LUNCH
Date 10/04/23	Payee name HARD KOLOR	
Amount (\$) 40.00	Payee address; FORT WORTH TX 76114	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) GIFT EXPENSE	Description (See instructions regarding type of information required.) VENDOR PURCHASE
Date 09/25/23	Payee name TEXICAN EVENTS	
Amount (\$) 44.00	Payee address; FORT WORTH TX 76106	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) FOOD BEVERAGE EXPENSE
Date 08/21/23	Payee name FORT WORTH AVIATION MUSEUM	
Amount (\$) 5.00	Payee address; 3300 ROSS AVENUE	City State Zip Code FORT WORTH TX 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.) ADMISSION FEE

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: 7	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/23	5 Payee name CASTLEBERRY ISD / AV CATO ELEMENTARY			
6 Amount (\$) 200.00	7 Payee address; 4501 BARBARA ROAD	City FORT WORTH	State TX	Zip Code 76114
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	(b) Description (See instructions regarding type of information required.) WORLD TEACHER DAY DONATION		
Date 10/11/23	Payee name NORTHSIDE NEIGHBORHOOD ASSOCIATION			
Amount (\$) 150.00	Payee address; 2020 NW 21ST STREET	City FORT WORTH	State TX	Zip Code 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION NATIONAL NIGHT OUT		
Date 10/18/23	Payee name LISA "LULU" NEWBY			
Amount (\$) 75.00	Payee address;	City FORT WORTH	State TX	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION CANCER CARE		
Date 10/17/23	Payee name FORT WORTH STOCKYARDS BUSINESS ASSOCIATION			
Amount (\$) 50.00	Payee address; P.O. BOX 64203	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 LUNCH		

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: 7	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 09/21/23	5 Payee name UNBOUND NOW			
6 Amount (\$) 55.00	7 Payee address; 5049 TRAIL LAKE DRIVE		City FORT WORTH	State TX
			Zip Code 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		(b) Description (See instructions regarding type of information required.) DONATION	
Date 09/21/23	Payee name FORT WORTH AVIATION MUSEUM			
Amount (\$) 55.00	Payee address; 3300 ROSS AVENUE		City FORT WORTH	State TX
			Zip Code 76106	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		Description (See instructions regarding type of information required.) DONATION	
Date 09/21/23	Payee name FRIENDS OF THE FORT WORTH HERD			
Amount (\$) 55.00	Payee address; 129 EAST EXCHANGE AVENUE		City FORT WORTH	State TX
			Zip Code 76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		Description (See instructions regarding type of information required.) DONATION	
Date 09/21/23	Payee name TRINITY HABITAT FOR HUMANITY			
Amount (\$) 57.50	Payee address; 9333 N. NORMAN DALE ST.		City FORT WORTH	State TX
			Zip Code 76116	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS		Description (See instructions regarding type of information required.) DONATION	

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: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/19/23	5 Payee name BIG BROTHERS BIG SISTERS	
6 Amount (\$) 51.50	7 Payee address; 205 W MAIN STREET	City State Zip Code ARLINGTON TX 76010
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	(b) Description (See instructions regarding type of information required.) DONATION
Date 09/22/23	Payee name ARTES DE LA ROSA	
Amount (\$) 55.00	Payee address; 1440 N. MAIN STREET	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION
Date 11/21/23	Payee name DREAMING THE CURE	
Amount (\$) 200.00	Payee address; FORT WORTH	City State Zip Code TX 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION MEDICAL RESEARCH
Date 11/14/23	Payee name WALMART SUPER CENTER	
Amount (\$) 189.10	Payee address; 2245 JACKSBORO HWY	City State Zip Code FORT WORTH TEXAS 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) COMMUNITY CENTER DONATION

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: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 08/11/23	5 Payee name CASA AZUL COFFEE	
6 Amount (\$) 12.13	7 Payee address; 300 W. CENTRAL AVENUE	City State Zip Code FORT WORTH TX 76164
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.) BEVERAGE EXPENSE BUSINESS MEETING
Date 07/07/23	Payee name CASA AZUL COFFEE	
Amount (\$) 10.88	Payee address; 300 W. CENTRAL AVENUE	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) BEVERAGE EXPENSE BUSINESS MEETING
Date 12/26/23	Payee name ESPERANZA'S RESTAURANT	
Amount (\$) 246.62	Payee address; 2122 N. MAIN STREET	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) FOOD EXPENSE FOR FIRST RESPONDERS
Date 09/07/23	Payee name JANET GONZALEZ	
Amount (\$) 25.00	Payee address; FORT WORTH	City State Zip Code TX 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTIONS/DONATIONS	Description (See instructions regarding type of information required.) DONATION DIAMOND HILL CROSS COUNTRY TRIP

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: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/23	5 Payee name RACHEL DELIRA PICTURES	
6 Amount (\$) \$1000.00	7 Payee address; 3208 RIVERLAKE DRIVE	City State Zip Code MURST TX 76053
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES	(b) Description (See instructions regarding type of information required.) SPONSOR PHOTOGRAPHY NORTH SIDE LEGACY FOUNDATION
Date 12/04/23	Payee name THE MAVERICK FINE WESTERN WEAR	
Amount (\$) 27.64	Payee address; 100 E. EXCHANGE AVENUE	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) GIFT EXPENSE	Description (See instructions regarding type of information required.) GIFT FOR DIGNITARIES
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