

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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: <div style="font-size: 24px; text-align: center;">9</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR 2</div> <div>FIRST CARLOS</div> <div>MI E</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST FLORES</div> <div>SUFFIX</div> </div>		OFFICE USE ONLY								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="background-color: black; width: 100%; height: 40px;"></div>		<div style="text-align: center; color: blue; font-weight: bold;">CSO REC'D JAN 15 '26 AM 11:41</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received								
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR 1</div> <div>FIRST ANDREA</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST ESPINOZA</div> <div>SUFFIX</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2720 NW 25TH STREET</div> <div>FORT WORTH</div> <div>TX</div> <div>76106</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(817)</div> <div>658-6978</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>Month Day Year</div> </div> <div style="display: flex; justify-content: space-between;"> <div>07 / 01 / 2025</div> <div>THROUGH</div> <div>12 / 31 / 2025</div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </div> </div> <div style="display: flex; justify-content: space-between;"> <div>05 / 01 / 27</div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
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)	<p style="font-size: 8px;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <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>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5000.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4356.40</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>109730.49</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

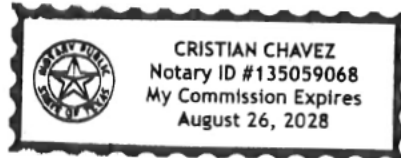
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 *15th* day of *January*, 20 *24*, 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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4.	SCHEDULE E: LOANS	\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4356.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3084.57
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

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: 1
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/25	5 Full name of contributor out-of-state PAC (ID#: _____) RHETT BENNETT <hr/> 6 Contributor address; City; State; Zip Code 425 HOUSTON ST FORTWORTH TX 76102	7 Amount of contribution (\$) 2000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SELF
Date 10/27/25	Full name of contributor out-of-state PAC (ID#: _____) CLEAR CHANNEL OUTDOOR, LLC PAC <hr/> Contributor address; City; State; Zip Code 2325 E. CAMELBACK RD. PHOENIX AZ 85016	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date 10/08/25	Full name of contributor out-of-state PAC (ID#: _____) FOR THE CHILDREN PAC <hr/> Contributor address; City; State; Zip Code P.O. BOX 159 FORTWORTH TX 76102	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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: 1	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/25	5 Payee name PRINT PLACE / DRI PRINTING	
6 Amount (\$) 4356.40	7 Payee address; City; State; Zip Code 1130 AVE. H EAST ARLINGTON TEXAS 76011 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINTING/POSTAGE
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name CARLOS E. FLORES Office sought FW CITY COUNCIL DIST 2 Office held FW CITY COUNCIL DIST. 2 </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 4		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 12/24/25		5 Payee name CATTLEMEN'S STEAKHOUSE			
6 Amount (\$) 207.⁰³		7 Payee address; 2458 N. MAIN STREET		City FORT WORTH	State Zip Code 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.) GIFT EXPENSE	
Date 12/22/25		Payee name ESPERANZA'S			
Amount (\$) 258.¹¹		Payee address; 2122 N. MAIN STREET		City FORT WORTH	State Zip Code TX 76164
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) GIFT EXPENSE	
Date 12/26/25		Payee name ESPERANZA'S			
Amount (\$) 46.⁵³		Payee address; 2122 N. MAIN STREET		City FORT WORTH	State Zip Code TEXAS 76164
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) GIFT EXPENSE	
Date 12/15/25		Payee name AMPERSAND FW LLC			
Amount (\$) 20.⁷⁰		Payee address; 3009 BLEDSOE STREET		City FORT WORTH	State Zip Code TEXAS
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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/25	5 Payee name BLUE IGUANA RESTAURANT	
6 Amount (\$) 25.17	7 Payee address; 165 W SOUTH TEMPLE STREET	City State Zip Code SALT LAKE CITY UT 84101
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.) TRAVEL OUT OF DISTRICT
Date 11/18/25	Payee name WALMART SUPERCENTER #4165	
Amount (\$) 169.14	Payee address; 2245 JACKSBORO HWY.	City State Zip Code FORT WORTH TEXAS 76114
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) CONTRIBUTION/DONATION
Date 10/27/25	Payee name FORT WORTH STOCKYARDS BUSINESS ASSOCIATION	
Amount (\$) 30.00	Payee address; —	City State Zip Code FORT WORTH TEXAS 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) FEES/MONTHLY MTG
Date 10/14/25	Payee name AMIGOS-FOR-PROGRESS	
Amount (\$) 28.00	Payee address; 1500 CIRCLE PARK BLVD.	City State Zip Code FORT WORTH TEXAS 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.) ANNUAL LATINO LEGACY AWARDS

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: 4		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/25		5 Payee name OLMOS BBQ			
6 Amount (\$) 2000.⁰⁰		7 Payee address; 2800 BLEDSOE		City FORTWORTH	State TEXAS
				Zip Code 76107	
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.) EVENT EXPENSE	
Date 09/25/25		Payee name CASA AZUL COFFEE			
Amount (\$) 3.52		Payee address; 300 W CENTRAL AVE.		City FORT WORTH	State TEXAS
				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 MTG.	
Date 09/18/25		Payee name FRIENDS OF THE FORT WORTH HERD			
Amount (\$) 150.⁰⁰		Payee address; 1201 THROCKMORTON		City FORT WORTH	State TEXAS
				Zip Code 76102	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION		Description (See instructions regarding type of information required.) NTX GIVING DAY	
Date 08/28/25		Payee name HOOKE'S GRILL			
Amount (\$) 87.41		Payee address; 213 W EXCHANGE AVE.		City FORTWORTH	State TEXAS
				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	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/25	5 Payee name CASA AZUL COFFEE	
6 Amount (\$) 11.82	7 Payee address; 300 W CENTRAL AVE.	City State Zip Code FORTWORTH TEXAS 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.) BUSINESS MTG.
Date 08/19/25	Payee name SONS OF LIBERTY COFFEE	
Amount (\$) 4.87	Payee address; 250 W LANCASTER AVE.	City State Zip Code FORTWORTH TEXAS 76102
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) BUSINESS MTG.
Date 08/12/25	Payee name SONS OF LIBERTY COFFEE	
Amount (\$) 12.27	Payee address; 250 W LANCASTER AVE.	City State Zip Code FORTWORTH TEXAS 76102
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) BUSINESS MTG.
Date 07/22/25	Payee name FORT WORTH STOCKYARDS BUSINESS ASSOCIATION	
Amount (\$) 30.00	Payee address; —	City State Zip Code FORTWORTH TEXAS 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) FEES/MONTHLY MTG.

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