

OFFICIAL RECORD
CITY SECRETARY

FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

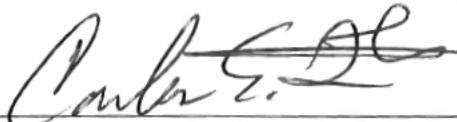
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			
<p>The C/OH Instruction Guide explains how to complete this form.</p>			
<p>1 Filer ID (Ethics Commission Filers)</p>			
<p>2 Total pages filed: 9</p>			
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR C FIRST CARLOS MI E NICKNAME FLORES LAST SUFFIX</p>		
	<p>OFFICE USE ONLY</p>		
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address</p>	<p>ADDRESS / PO BOX: [REDACTED] APT / SUITE #: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]</p>		
	<p>Date Received CSO REC'D JAN 15 '26 AM11:41</p>		
<p>5 CANDIDATE/ OFFICEHOLDER PHONE</p>	<p>AREA CODE (PHONE NUMBER [REDACTED] EXTENSION [REDACTED]</p>		
	<p>Date Hand-delivered or Date Postmarked</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR C FIRST ANDREA MI NICKNAME ESPINOZA LAST SUFFIX</p>		
	<p>Receipt # [REDACTED] Amount \$ [REDACTED] Date Processed Date Imaged</p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2720 NW 25TH STREET CITY: FORT WORTH STATE: TX ZIP CODE: 76106</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE (817) PHONE NUMBER 658-6978 EXTENSION</p>		
<p>9 REPORT TYPE</p>	<p><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)</p>		
	<p><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)</p>		
<p>10 PERIOD COVERED</p>	<p>Month 07 Day 01 Year 2025 THROUGH Month 12 Day 31 Year 2025</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month 05 Day 01 Year 2027</p>		
	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) Ft CITY COUNCIL DISTRICT 2</p>		
	<p>13 OFFICE SOUGHT (if known) Ft city COUNCIL DISTRICT 2</p>		
<p>14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages</p>	<p>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>		
	<p>COMMITTEE TYPE GENERAL COMMITTEE NAME</p>		
	<p><input type="checkbox"/> GENERAL COMMITTEE ADDRESS</p>		
	<p><input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME</p>		
	<p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

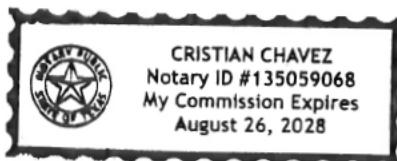
15 C/OH NAME	CARLOS E. FLORES	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5000.00</u>
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4356.40</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>109730.49</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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 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 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	20 Filer ID (Ethics Commission Filers)
CARLOS E. FLORES	
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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1</p>
<p>2 FILER NAME CARLOS E. FLORES</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 08/19/25</p>	<p>5 Full name of contributor RHETT BENNETT</p> <p>6 Contributor address; 425 HOUSTON ST City: FORT WORTH State: TX Zip Code: 76102</p>		<p>7 Amount of contribution (\$) 2000.00</p>
<p>8 Principal occupation / Job title (See Instructions) CEO</p>		<p>9 Employer (See Instructions) SELF</p>	
<p>Date 10/27/25</p>	<p>Full name of contributor CLEAR CHANNEL OUTDOOR, LLC PAC</p> <p>Contributor address; 2325 E. CAMELBACK RD. PHOENIX AZ 85016</p>		<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See Instructions) —</p>		<p>Employer (See Instructions) —</p>	
<p>Date 10/08/25</p>	<p>Full name of contributor FOR THE CHILDREN PAC</p> <p>Contributor address; P. O. BOX 159 City: FORT WORTH State: TX Zip Code: 76102</p>		<p>Amount of contribution (\$) 2500.00</p>
<p>Principal occupation / Job title (See Instructions) —</p>		<p>Employer (See Instructions) —</p>	
<p>Date</p>	<p>Full name of contributor</p> <p>Contributor address;</p>		<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)	
4 Date 12/17/25	5 Payee name PRINT PLACE / DRT PRINTING		
6 Amount (\$) 4356.40	7 Payee address; 1130 AVE. H EAST	City: ARLINGTON State: TEXAS Zip Code 76011	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINTING / POSTAGE	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CARLOS E. FLORES		Office sought FW CITY COUNCIL DIST 2 Office held FW CITY COUNCIL DIST 2	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought	Office held
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4	CARLOS E. FLORES			
4 Date	5 Payee name			
12/24/25	CATTLEMEN'S STEAKHOUSE			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
207.03	2458 N. MAIN STREET	FOORT 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.) GIFT EXPENSE		
Date	Payee name			
12/22/25	ESPERANZA'S			
Amount (\$)	Payee address;	City	State	Zip Code
258.11	2122 N. MAIN STREET	FOORT 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.) GIFT EXPENSE		
Date	Payee name			
12/26/25	ESPERANZA'S			
Amount (\$)	Payee address;	City	State	Zip Code
46.53	2122 N. MAIN STREET	FOORT WORTH	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	Payee name			
12/15/25	AMPERSAND FW LLC			
Amount (\$)	Payee address;	City	State	Zip Code
20.70	3009 BLEDSOE STREET	FOORT WORTH	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
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SCHEDULE I

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

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	CARLOS E. FLORES	
4 Date	5 Payee name	
09/30/25	OLMOS BBQ	
6 Amount (\$)	7 Payee address:	City State Zip Code
2000.00	2800 BLEDSOE	FORTWORTH TEXAS 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	Payee name	
09/25/25	CASA AZUL COFFEE	
Amount (\$)	Payee address:	City State Zip Code
3.52	300 W CENTRAL AVE.	FORTWORTH TEXAS 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	Payee name	
09/18/25	FRIENDS OF THE FORT WORTH HERD	
Amount (\$)	Payee address:	City State Zip Code
150.00	(201 THROCKMORTON	FORTWORTH TEXAS 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	Payee name	
08/28/25	HOOKER'S GRILL	
Amount (\$)	Payee address:	City State Zip Code
87.41	213 W EXCHANGE AVE.	FORTWORTH TEXAS 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	CARLOS E. FLORES	
4 Date	5 Payee name	
08/26/25	CASA AZUL COFFEE	
6 Amount (\$)	7 Payee address;	City State Zip Code
11.82	300 W CENTRAL AVE.	FORT WORTH 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	Payee name	
08/19/25	SONS OF LIBERTY COFFEE	
Amount (\$)	Payee address;	City State Zip Code
4.87	250 W LANCASTER AVE.	FORT WORTH 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	Payee name	
08/12/25	SONS OF LIBERTY COFFEE	
Amount (\$)	Payee address;	City State Zip Code
12.22	250 W LANCASTER AVE.	FORT WORTH 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	Payee name	
07/22/25	FORT WORTH STOCKYARDS BUSINESS ASSOCIATION	
Amount (\$)	Payee address;	City State Zip Code
30.00	—	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.

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