CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY SECRETARY

FORM C/OH FT. WORTH, TX COVER SHEET PG 1

			and a second
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) FIRST CARLOS NICKNAME LAST FLORES	MI E. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; 1415 ARCLE PANK BLVD. AREA CODE PHONE NUMBER (817) 688 2347 MS / MRS / MRS / MRS / TOM	EXTENSION MI	PECEIVED JAN 15 2020 JAN 15 2020 CITY OF FORT WORTH CITY SECRETARY OTHY SECRETARY Amount \$ Date Processed
	BAINTER	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE#; CITY; FORT WORTH	STATE; ZIP CODE 7X 76179
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (682) 233-1350	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2019	THROUGH 12/	Day Year 31 / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) CITY COUNCIL - DISTRICT	2 13 OFFICE SOUGHT (if known)	
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME CARLOS	E. FLORES		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	an \$ \$	
	20.000 L 20.000 L	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 210.00 \$ 4439.16 DAY \$ 17014.20	
	4. TOTALI	POLITICAL EXPENDITURES	\$ 4439.16	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 17014.20	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* Ø	
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. RONALD P. GONZALES ID #10520616 My Commission Expires May 17, 2020 Signature of Candidate or Officeholder				
AFFIX NOTARY STAME	P/SEALABOVE	Paul D+1		
Sworn to and subscr day of Mulm	h	o certify which, witness my hand and seal of office. Runald P. Timzales	Notary	
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	CARLOS E. FLORES	D (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1879.16
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	1111 20 11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	ions \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1813-21
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs \$ 3338·길
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	RNED \$

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLUS E . FLORES 1879.16 4 TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Date of loan 7 Name of lender out-of-state PAC (ID#:_ MAIRA GALLEGOES 8 Lender address; City; 500.00 11/26/2019 10 Interest rate a financial 2901 W 5TH STREET FORT WORTH Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR CITY OF FORT WORTH 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) out-of-state PAC (ID#:_ MAIRA GALLEGOS Lender address; City; Is lender a financial 2901 W STH STREET FORT WORTH TX 76107 Institution? Maturity date N) Principal occupation / Job title (See Instructions) Employer (See Instructions) CITY OF FORT WORTH DISTRICT PIRECTOR Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E . FLORES 1879.16 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender out-of-state PAC (ID#:___ MAIRA GALLEGOS 8 Lender address; City; State; Zip Code 12/09/2019 a financial 2901 W 5TH STREET FORTWORTH TX 76107 Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) DISTRICT DIRECTOR FORT WORTH 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) out-of-state PAC (ID#:_ MARIO PEREZ Lender address; City; State; Zip Code 12/10/2019 Interest rate Is lender a financial 2744 5TH STREET FURTWORTH TX Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTORNEY Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address: State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers)		
4 Date 09 /25 /2019	5 Payee name ROXSTAR MARKE		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
350.00	P.O. BOX 162253	FORT WARTH TX 76161	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	MARKETING	
	(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/OF	Candidate / Officeholder name CARLOS E-FLORES	Office sought Office held CITY COUNCIL	
Date	Payee name		
10/04/2019	RACHEL DELIRA		
Amount (\$)	Payee address;	City; State; Zip Code	
250.00	3208 RIVERLAKES DRIVE	HURST TX 76053	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	PHOTOGRAPHY	
	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	CARLOS E. FLORES	Office sought Office held CITY COUNCIL	
11/15/2019	Payee name RACHEL DELIRA		
Amount (\$)	Payee address;	City; State; Zip Code	
50.00	3208 RIVERLAKES DRIVE	HURST TX 76053	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	PHOTOGRAPHY	
	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	CARLUS E. FLORES	Office sought Office held CITY COUNCIL	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E - FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 0 4/14/2019	5 Payee name RACHEL DELIRA	
6 Amount (\$)	7 Payee address; 3208 RIVERLAKES DRIVE	City; State; Zip Code Hurst TX 76053
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FEES	PHOTOGRAPHY
	(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/OF	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 07/18/2019	Payee name ROXSTAR MARKETING	Si di
350.00	Payee address; P. O. BOX 162253	City; State; Zip Code 1-02T WORTH TX 76161
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description MARKETING
	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 CARLOS E. FLORES	Office sought Office held
Date 09/16/2019	Payee name ROX STAR MARKET	TNG
Amount (\$)	Payee address; P.O. BOX 162253	FORT WORTH TX 76161
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	FEES	MARKETING
	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 CARLOS E - FLARES	Office sought Office held CITY OUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		fages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2019	5 Payee name ROXSTAR MARKETI	NG
6 Amount (\$) 700.00	7 Payee address; P.O. BOX 162253	City; State; Zip Code FORT WORTH TX 76161
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description MARKETING
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARLOS E - FLORE	Office sought Office Sought Office held Office held
Date 12/05/2019	Payee name RACHEL DELIRA	
Amount (\$)	Payee address; 3208 RIVERLAKES DRIVE	City: State: Zip Code HURST TX 76053
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	PIHOTO GRAPHY
	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 CARLOS E. FL	Office sought Office held NES CITY COUNCIL
Date 12/05/2019	Payee name ROX STAR MARKET	TING
Amount (\$)	Payee address;	City; State; Zip Code
350.00	P.O. BOX 162253	FORT WORTH TX 76161
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description MARKETTNG
	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 CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saleries/Manage/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	CARLOS E- FLOR	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2019	5 Payee name MAIRA GALLEGOE	ES
6 Amount (\$)	7 Payee address;	City; State; Zip Code
500.00	2901 W 5TH STREET	FORTWORTH TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT / RETMBURSEMENT	(b) Description PURCHASE OF FOOD/BEVERAGES FOR COMMUNITY CENTERS.
	(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/O	Candidate / Officeholder name CARLOS E. PUM	Office sought Office held Office YouNGLE
Date	Payee name	
11/26/2019	MAIRA GALLEGOES	
Amount (\$)	Payee address;	City; State; Zip Code
249.15	2901 W STH STREET	FORT WENTH TX 76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LIMAN REPAY MENT / PEIMBURSEMENT	Description PURCHASE OF FOOD/BEVERAGE, FOR COMMUNITY CENTERS.
	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 CHALOS E. FLORE	Office sought Office held CITY COUNCE
01/14/2020	Payee name MAIRA GALLEGOES	
Amount (\$)	Payee address;	City; State; Zip Code
154.94	2901 W STH STREET	FORT WOOTH TX 76107
	Category (See Categories listed at the top of this schedule)	Description 0.55
PURPOSE OF EXPENDITURE	LUAN REPAYMENT/REIMBURSEMENT	COMMUNITY CENTER DADTY
	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 CARLOS E. FLORES	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	10 (1.1) 10 10 10 10 10 10 10	Wages/Contract Labor Other (enter a category not listed above	/e)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E, FLORES	3 Filer ID (Ethics Commission F	Filers)
4 Date 01/15/2020	5 Payee name MARIO PEREZ		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
975.07	2744 5TH STREET	FORTWORTH TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CHRISTMAS MAILER / POSTAGE	5
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLORE	Office sought Office held	CIL
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
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	
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	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 Contributions/Donations Made By Travel In District 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 10919.95 6 Payee name 06/06/2017 7 Amount (\$) MURPHY NASICA 8 Payee address; Zip Code 4919.95 815-A BRAZOS STREET AUSTIN TX 78701 STE 304 TYPE OF Political EXPENDITURE Non-Political (a) Category (See Categories listed at the top of this schedule) 10 (b) Description CONSULTING EXPENSE **PURPOSE** OF PRINTING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CITY COUNCIL CARLOS E. FLORES Payee name Date 06/19/2017 MURPHY NASICA Payee address; Amount (\$) 815-A BRAZOS STREET AUSTIN 6000 .00 TX 78701 TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) ADDITIONAL CONSULTING FEES **PURPOSE** CONSULTING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH CITY COUNCIL CARLOS E. FLORES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica		ages/Contract Labor Other	(enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME CARLOS E - FLORES	3 Filer	ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD \$	1813.21
5 Date 10/2019	6 Payee name FW MARGARITH SOCIE	TY CHILDREN	'C CHARITIES
7 Amount (\$)	8 Payee address; P.O. Box 17417	FORT WORTH	State; Zip Code 7X 76102
9 TYPE OF EXPENDITURE	Political Non-Po	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	NON-	HILDREN'S CHARITIES PROFIT
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FURE	ffice sought	Office held CITY CONNCIL
Date 11/10/2019	Payee name HONORING OUR MILITARY	EVRYWHR	
Amount (\$) 200.00	Payee address; 5513 GILPOW AVENUE	City; RIVER OAKS	State; Zip Code 7X 76114
TYPE OF EXPENDITURE	Political Non-Po	litical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	BENEFITING MIL MEN & WOMEN	LITARY SERVICE NON-PROFIT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office held CITY COUNCIL
<u></u>	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	
orms provided by Texas Ethics	Commission www.ethics.state.tx.us		Revised 9/26/2019

SCHEDULE F4

EXPENDITURE	CATEGORIES	FOR BOX 10(a)
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Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	
1 Total pages Schedule F4:	2 FILER NAME CARUS E. FLORES 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	SIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1813. 21
5 Date 11/12/2019	6 Payee name TRINITY HABITAT FOR HUMANITY
7 Amount (\$) 200 · 00	9 Payee address; State; Zip Code 9333 N. NORMANDALE STREET FONT WORTH TX 76116
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description REPAIR/RULDING.
PURPOSE OF EXPENDITURE	DO NATION OF HOMES. NON-PROFIT
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CARUS E- FUNES CITY COUNCIL
11 /15 /2019	Payee name LATIN ARTS ASSOCIATION OF FURT WORTH
Amount (\$)	Payee address; City; State; Zip Code
50.00	1440 N. MAIN STEET FORTWORTH TX 76164
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	DONATION BENEFITING THE ARTS NON-PROFIT
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	CARLOS E. FLORES CITY COUNCIL
*	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committ	A.E	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4: 2 FI	CARLOS E. FL	URES	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED B	EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1813.21	
5 Date 11 / 18/2019 6 Pa	yee name SONS OF UB	ERTY OFFEE		
50	yee address;	City;	State; Zip Code	

EXPENDITURE CATEGORIES FOR BOX 10(a)

110/2011		
7 Amount (\$) 5. 33	8 Payee address; 250 W. LANCASTER AVENUE	City; State; Zip Code FORT WORTH TX 76102
9 TYPE OF EXPENDITURE	Political Non-Politica	al
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BEVERAGE EXPENSE) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	CARLOS E- FLORES	sought Office held CITY COUNCIL
Date 1/18/2019	Payee name ESPERANZA'S BAK	KERY
Amount (\$) 8. 65	Payee address; 2122 N. MAIN STREET	City; State; Zip Code FORT WORTH TX 76164
TYPE OF EXPENDITURE	Political Non-Politica	ıl
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	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	CARUS E. FUNES	sought Office held CITY COUNEIL

Revised 9/26/2019

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F4:	2 FILERNAME CARLOS E - FLARES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	REDIT CARD \$ 1813.21
5 Date /13/2019	6 Payee name FRIENDS OF THE FORT	WORTH HERD
7 Amount (\$) 200 ° 00	8 Payee address; III W. 4TH STREET	Font Wanth TX 76102
9 TYPE OF EXPENDITURE	Political Non-Po	olitical
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PONATION	(b) Description COVERED COST OF CARE/FEEDING FOR FW STEER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought Office held
Date 11 /29 /2019	Payee name BENTAMIN TSSA	C CASTANEDA FUNDRAISER
Amount (\$) 150 · 60	Payee address;	City; State; Zip Code FORT WORTH TX 76164
TYPE OF EXPENDITURE	Political Non-Po	litical
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DOWATION Check if travel outside of Texas. Complete Schedule T.	Description FUNDRAISER FOR STUDENT KILLED IN CAR ACCIDENT. N.S. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	ffice sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Expense Solicitation/Fundralsing Expense Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME CARLOS E- FLORES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CA	ARD \$ 1813-21
5 Date 12/02/2019	6 Payee name BENJAMIN CASTANEDA L	LOS ZARAPES FUNDRAISE
7 Amount (\$) 20.00		ity; State; Zip Code ENT WORTH TX 76164
9 TYPE OF EXPENDITURE	Political Non-Political	,
10 PURPOSE OF EXPENDITURE	DONTION	TIPITION OFFICE FOR FAMILY T PESTAURANT
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought CARLOS E. FLORES	t Office held CITY COUNCIL
Date 12/02/2019	Payee name CORNER BAKERY	
Amount (\$) 17.63	Payee address; Cit	ty; State; Zip Code FORT WORTH TX 76102
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	CITY COUNCIL

SCHEDULE F4

	EXPENDITURE CATEGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Ex	yense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above	
1 Total pages Schedule F4:	2 FILER NAME CARLOS E. FLORES		ers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	* 1813 · 21	
5 Date 12/03/2019	6 Payee name AMERICAN PAINT	HORSE ASSOCIATION	
7 Amount (\$)	8 Payee address;	City; State; Zip Code	
100.00	2800 MEACHAM BLUD.	FORTWORTH TX	
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	DONATION	LEGACY CAPITAL CAMPAIGN	1.
OF EXPENDITURE	ा । जिल्लाका का	NOW-PROFIT	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
11	Candidate / Officeholder name Of	ffice sought Office held	
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORE	CITY COUNCE	16
Date 12/03/2019	Payee name NORTHSIDE MARI	ACHI ESPUELAS DE PLATA	
Amount (\$)	Payee address;	City; State; Zip Code	
50.00	2211 MCKINLEY AVENUE	FORTWORTH TX 76164	1
TYPE OF EXPENDITURE	Political Non-Pol	litical	
	Category (See Categories listed at the top of this schedule)	Description State MANAGE	ric
PURPOSE	DONATION	BENEFITING STUDENT MARIACI	1713
OF EXPENDITURE	* 5, 13, 15, 18	NON-PROFIT	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Of	ffice sought Office held	
expenditure to benefit C/OH	CARLOS E. FLOXES	CITY COUNCI	1
	ATTACH ADDITIONAL CODIES OF THIS SC	CHEDIN E AS NEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SO	PUEDOLE AS NEEDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME CARLOS E. FLODES 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1813 . 21
5 Date 12/06/2019	SONS OF LIBERTY COFFEE
7 Amount (\$)	8 Payee address; City; State; Zip Code
10.01	250 W. LANCASTER AVENUE FORTWORTH TX 76102
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	BEVERAGE EX PENSE INFORMAL MEETING BOARD/COMMISSION SERVICE
Suda Arteria () in the common from the control of the common of the com	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES CHROS E. FLORES CITY COUNCIL
Date 12/12/2019	Payee name JUNTOS SE PUEDE
Amount (\$) 200, 20	Payee address; State; Zip Code 2621 NW 29TH STREET FORT WORTH TX 76164
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description TOYS FOR CHILDREN CHARITY NON-PROFIT
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
12 8 8 1230564200 76 B	Candidate / Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES CHTY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Manage (Contract Labor

Contributions/Donations Made E Candidate/Officeholder/Politic		not listed above)
1 Total pages Schedule F4:	2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1813	21
5 Date 12/13/2019	6 Payee name WITED WAY OF TARRANT COUNTY	
7 Amount (\$) 200 · 00	See the second of the second o	Zip Code 76164
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	DONATION SOCIAL ISSUES NON-PA	OFIT
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex	pense
11	Candidate / Officeholder name Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES CITY C	POUNCIL
Date 12/22/2019	ADLR 2019 CONSTABLE CHRISTMAS	
Amount (\$)	Payee address; City; State;	Zip Code
100.00	1440 N. MAIN STREET FORTUBRIH TX	76164
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	28.5
PURPOSE OF EXPENDITURE	DONATION CHRISTMAS TOY CHARLE	179
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	pense
GE KIN SZOSONONIE NN S	Candidate / Officeholder name Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES CITY COU	ENOIL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F4

EXPENDITU	URE CATEGORIES	FOR BOX 10(a)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Contributions/Donations Made E Candidate/Officeholder/Politic	
1 Total pages Schedule F4:	2 FILER NAME CARLOS E-FLORES 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1813.21
5 Date 12/24/2019	6 Payee name ESPERANZA'S RESTAURANT
7 Amount (\$) 4 5. 43	8 Payee address; City; State; Zip Code 2122 N. MAIN STREET FORT WORTH TX 76164
	FORT MOREILI TX 76101
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	FOOD EXPENSE FIRE & POLICE TAMALES
TRADESIS PORTON COMMUNICATION	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	CARLOS E. FLORES CITY COUNCIL
Date 12/27/2019	Payee name DEL FRISCO'S GRILLE
Amount (\$)	Payee address; City; State; Zip Code
136.14	154 EAST 3 RD STREET FURT NORTH TX 76102
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPLOSE OFFICE CHRISTMAS LUNCH
HARRING COLORS BOOK SANDERS AND STORE STORES	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E . FLORES CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE I

	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule I:	2 FILER NAME CARLOS E . FLORES	3 Filer	ID (Ethics C	Commission Filers
4 Date 09/01/2019	5 Payee name 3 RD ANNIUAL LOVE OUT	R CITY UNITY IN T	HE COM	MUNITY
6 Amount (\$)	7 Payee address;	City	State	Zip Code
100.00		FORT WORTH	TX	76106
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions required.) COMMUNITY EVE		ALTER TO SERVICE CONTRACTOR OF THE SERVICE C
Date 10/16/2019	Payee name CITY OF FORT WORTH	FOR CATHOLICS IN	I ACTIO	ON
Amount (\$)	Payee address;	City	State	Zip Code
150.00	200 TEXAS STREET	FORT WORTH	TX	76102
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions required.)		
OF EXPENDITURE	DONATION	PARK POOL RE	OF MA	NON-PROFI
Date 11/14/2019	Payee name FRIENDS OF THE FO	ORT WORTH HE	eD	
Amount (\$)	Payee address;	City	State	Zip Code
200.00	111 W. 4TH STREET	FORT NORTH	TX	76102
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions	regarding type o	f information
OF EXPENDITURE	DONATION	COVERED COST OF FOR FW STE	CARE/ ER	FEEDING
Date 12/02/2019	Payee name BENJAMIN TSSAC CA	ISTARIEDA FUNDI	RAISER	2
Amount (\$)	Payee address;	City	State	Zip Code
150.00		FORT WORTH	TX	76164
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions required.)	3 2 2 3	
OF EXPENDITURE	DONATION	FUNDRAISER FOR	STUDE	NT KILLED

SCHEDULE |

	The Instruction Guide explains how to comp	olete this form.	
1 Total pages Schedule I:	2 FILER NAME CARLOS E - FLORES	3 Filer ID	O (Ethics Commission Filers
4 Date 12/02/2019	5 Payee name FIRST TEE OF FORT	WORTH	
6 Amount (\$)	7 Payee address;	City	State Zip Code
200.00	1900 ROCKWOOD ARK DR.	FORTHORTH	TX 76114
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) **DoNATION**	(b) Description (See instructions reg required.) EDUCATIONAL NOI	
Date 10/21/2019	Payee name JUNTOS SE PUEDE		
Amount (\$)	Payee address;	City	State Zip Code
200.00	2621 NW 29TH STREET	FORT WORTH	TX 76164
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions reg	arding type of information
OF EXPENDITURE	DONATION	NON-PROFIT BENE LOCAL STUD	
Date 11/19/2019	Payee name SONS OF LIBERTY CO	FFEE	
Amount (\$)	Payee address;	City	State Zip Code
5. 33	250 W. LANCASTER AVENU	IE FORT WORTH	TX 76102
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions reg	arding type of information
OF EXPENDITURE	BEVERAGE EXPENSE	INFORMAL MEETI ADVISE ON GRA	
Date 11/18/2019	Payee name ESPERANTA'S BAK	LERY	
Amount (\$)	Payee address;	City	State Zip Code
8.65	2122 N. MAIN STREET	FORT WORTH	TX 76164
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regi	arding type of information
OF EXPENDITURE	FOOD EXPENSE	BREAKFAST MEE	TING

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2019	5 Payee name FW MARGARITA SOCIETY	CHILDREN'S CHARITY
6 Amount (\$) 120 °	7 Payee address; P.O. Box 17417	City State Zip Code FORTWORTH TX 7610Z
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DO WATION	(b) Description (See instructions regarding type of information required.) BENEFITING CHILDREN'S CHARITIES NON - PROFIT
Date 11/12/2d9	Payee name HONORING OUR MIS	LITARY EVRYWHR
Amount (\$)	Payee address;	City State Zip Code
200.00	5513 GILBOW AVENUE	RIVER OAKS TX 76114
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) PONA TION	Description (See instructions regarding type of information required.) BENEFITING MILITARY SCRVICE MEN AND NOMEN KON-PROF.
Date 11/13/2019	Payee name TRINITY HABITAT FOR	HUMANITY
Amount (\$) 200.00	Payee address; 9 333 N. Normandale STR	City State Zip Code REET FORT WORTH TX 76116
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DOWATION	Description (See instructions regarding type of information required.) BENEFITING REPAIR/BUILDING OF HOMES. NON-PROFIT
Date 11 /18/2019	Payee name LATIN ARTS ASSOCIATE	TON OF FORT WORTH
Amount (\$) 50.00	Payee address; 1440 N. MAIN STREET	City State Zip Code FORT WORTH TX 76164
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) BENJEFITTING THE ARTS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	1: 2 FILER NAME OARLUS E - FLORES 3 Filer ID (Ethics Commission Filers	
4 Date 12/04/2019	5 Payee name AMERICAN PAINT HORS	SE ASSOC.
6 Amount (\$)	7 Payee address; 2800 MEACHAM BLVD.	FURT WORTH TX 76137
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.) Do NATION	(b) Description (See instructions regarding type of information required.) LEGACY CAPITAL CAMPAIGN. NON-PROFIT
12/04/2019	Payee name NORTHSIDE MARIACHI	ESPUELAS DE PLATA
Amount (\$) 50.40	Payee address; 2211 McKINLEY AVENUE	City State Zip Code FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) **DownTION**	Description (See instructions regarding type of information required.) BENEFITING STUDENT MUSICIANS NON-PROFIT
12/13/2019	Payee name JUNTOS SE PUEDE	
Amount (\$) 200.00	Payee address; 2621 NW 29TH STREET	City State Zip Code T FORT WORTH TX 76/64
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) TOY'S FOR CHILDREN CHARITY NON-PROFIT
Date 12/06/2019	Payee name SONS OF LIBERTY	COFFEE
Amount (\$) 10.01	Payee address; 250 W. LANCASTER AVENU	City State Zip Code 1E FORT WORTH TX 76102
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) INIFORMAL MEETING BOARD / COMMISSION SERVICE

SCHEDULE |

	The Instruction Guide explains how to con	nplete this form.		
1 Total pages Schedule I:	2 FILERNAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filer		
4 Date 10/12/2019	5 Payee name	EMENTARY SCHOOL FUNDRAISE		
6 Amount (\$)	7 Payee address; 2000 PARK PLACE AVE-	City State Zip Code FORTWORTH TX 76110		
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.) **Powatton**	(b) Description (See instructions regarding type of information required.) SCHOOL BENEFIT		
Date 12/02/2019	Payee name FORT WORTH TUNIO	OR GOLF FOUNDATION, INC.		
Amount (\$) 50.00	Payee address; P.O. BOX 4767	FORT WORTH TX 76164		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) STUDENT EDUCATION NON-PROFIT		
Date 12/18/2019	Payee name ST. JUDE: CHILD	REN'S RESEARCH HOSPITAL		
Amount (\$) 40.00	Payee address; 501 SAINT JUDE PI	City State Zip Code MENIPHIS TENN. 38105		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) **DoNATION**	Description (See instructions regarding type of information required.) CHILDREN'S CANCER RESEARCH KION-PROFIT		
Date 12/25/2019	Payee name BROTHERHOOD FOR	THE FALLEN		
Amount (\$)	Payee address; P.O. BOX 4453	FORT WORTH TX 76164		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) **PONATION**	Description (See instructions regarding type of information required.) POLICE KILLED IN LINE OF DUTY. NON-PROFIT		

SCHEDULE I

	The Instruction Guide explains how to con	npiete this form.		
1 Total pages Schedule I:	2 FILER NAME CARLOS E - FLORES	3 Filer ID (Ethics Commission Filers		
4 Date 07/15/2019	5 Payee name CASA OF TARRE	INT COUNTY		
6 Amount (\$)	7 Payee address; 101 SUMMIT AVENUE	FORTWORTH TX 76102		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) COURT PROPORTED SPECIAL ADVOCATES HON-PROFIT		
Date 08/10/2019	Payee name ALZHEIMER'S AS	SOCIATION		
Amount (\$)	Payee address;	City State Zip Code		
60.00	2630 W. FWY. STE 100	FORT WORTH TX 76102		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) RESEARCH NON-PROFIT		
Date 08/15/2019	Payee name NATIONAL LATING D	AW ENFORCEMENT ORGANIZATION		
Amount (\$)	Payee address; P.O. Box 4958	FORT WORTH TX		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONA-TION	Description (See instructions regarding type of information required.) UAW ENFORCEMENT NON-PROFIT		
Date /09/2019	Payee name BALLET FOLKLOR	ICO, INC.		
Amount (\$) 25.00	Payee address: 5426 JACKSBORO HWY	FORTWORTH TX 76114		
	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information		

SCHEDULE I

	The Instruction Guide explains how to comp	piete tris form.		
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers		
4 Date 09/06/2019	5 Payee name FORT WORTH FIRE SE	ERVICE RESOURCE NETWORK, INC		
6 Amount (\$) 20 ⋅∞	7 Payee address; 562 TURNER ROAD AND AND AND AND AND AND AND AND AND A	ENNIS TX 75/19		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) **Powattow**	(b) Description (See instructions regarding type of information required.) FIRE FIGHTER NOW-PROFIT SUPPORT		
Date 09/16/2019	FORT WORTH FIREFIGH	ITERS MUSEUM		
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.) CAPITAL CAMPAIGN NON-PROFIT		
Date 69/20/2019	Payee name MAY FEST, INC.			
Amount (\$)	Payee address; 5124 CAMP BOWIE BLVA.	City State Zip Code FORT WORTH TX 76107		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) POWA TION	Description (See instructions regarding type of information required.) MAYFEST NONPROFIT FOR TRINITY RIVER, PARKS		
Date 09/20/2019	Payee name UNITED HISPANIC CO	DUNCIL OF TARRANT COUNTY		
Amount (\$) 50.00	Payee address; 2741 HEMPHILL STREET	FORT WORTH TX 76110		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) **DOWATION**	Description (See instructions regarding type of information required.) HISPAINIC ADVOCACY NOW - PROFIT		

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers		
12/02/2019	5 Payee name BENJAMIN CASTANED	A LOS ZARAPES		
6 Amount (\$) 20 · <u>€</u> 0	7 Payee address; 1503 NW 25TH STREET	City State Zip Code FORT WORTH TX 76164		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) FUND RAISER FOR FAMILY AT RESTAURANT		
Date 12/03/2019	Payee name CORNER BAKERY			
Amount (\$) 17.63	Payee address;	City State Zip Code FORT WORTH TX 76102		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EX PENSE	Description (See instructions regarding type of information required.) OFFICE LUNCH		
Date 12/16/2019	Payee name UNITED WAY OF TI	ARRANT COUNTY		
Amount (\$) 200.00	Payee address;	200 FORTWORTH TX 76164		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Don ATTON	Description (See instructions regarding type of information required.) SOCIAL ISSUES NON-PROFIT		
Date 12/26/2019	Payee name ADLR 2019 CONSTABL	E CHRISTMAS		
Amount (\$)	Payee address; 1446 N. MAIN STREET	City State Zip Code FORTWORTH TX 76164		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) CHRISTMAS TOY CHARITY NON-PROFIT		

SCHEDULE |

	The Instruction Guide explains how to comp	olete this form.		
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 File	er ID (Ethics Commission Filers	
12/26/2019	5 Payee name ESPERANZA'S RES	TAURANT		
6 Amount (\$) 45. <u>43</u>	7 Payee address; 2 122 N. MAIN STREET	FORT WORTH	State Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FOOD EXPENSE	(b) Description (See instructions regarding type of information required.) FIRE & POLICE TAMALES		
Date 12/30/2019	Payee name DEL FRISCO'S GI	RILLE		
136 · 16	Payee address; 154 EAST 3RD STREET	FORT WORTH	State Zip Code 7X 7-6102	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD BEVERASE EXPENSE	Description (See instructions regarding type of information required.) OFFICE CHRISTMAS LUNCH		
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.)		