



# 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)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 130.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,130.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 734.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 43,281.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1403.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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 Flores*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Flores, this the 24 day of July, 2017, to certify which, witness my hand and seal of office.

*Mary J. Kayser*  
Signature of officer administering oath

MARY J KAYSER  
Printed name of officer administering oath

*City Clerk*  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>CARLOS E. FLORES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>24,130.00</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>17003.24</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>25930.33</i>
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>17350.91</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

06/01/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SANDY RUSSELL

6 Contributor address; City; State; Zip Code  
10513 CLOISTERS DR. FORTWORTH TX 76131

7 Amount of contribution (\$)

30.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/01/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALFRED SAENZ

Contributor address; City; State; Zip Code  
407 THROCKMORTON ST. FORTWORTH TX 76102

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JASON SMITH-LAW OFFICES

Contributor address; City; State; Zip Code  
606 8TH AVE. FORTWORTH TX 76104

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

THOMAS WILSON

Contributor address; City; State; Zip Code  
4418 BROOKVIEW DR. DALLAS TX 75220

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

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

06/05/17

5 Full name of contributor

VINCENT PEREZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

1217 LINCOLN AVE.

FOOTWORTH TX 76164

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

06/01/17

Full name of contributor

APT ASSOC. TARRANT COUNTY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

6350 BAKER BLVD.

RICHLAND HILLS TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/09/17

Full name of contributor

MERCANTILE PARTNERS L.P.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2650 MEACHAM BLVD.

FOOTWORTH TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/09/17

Full name of contributor

JOHN V. ROACH II

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2905 ALTON RD.

FOOTWORTH TX 76109

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

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

06/07/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

3H HARDWARE SOUTH

6 Contributor address; City; State; Zip Code

2217 8TH AVE. FORTWORTH TX 76110

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/09/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOHN & SHAWN HAWKINS

Contributor address; City; State; Zip Code

3041 BENT TREE CT. BEDFORD TX 76021

Amount of contribution (\$)

1000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/01/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUSTIN LIGHT

Contributor address; City; State; Zip Code

6116 KENWICK FORTWORTH TX 76116

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/08/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MIKE MARTINEZ

Contributor address; City; State; Zip Code

FORTWORTH TX

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

06/01/17

5 Full name of contributor

TIMOTHY H. FLEET

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2500.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

3045 LACKLAND RD. FORTWORTH TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/01/17

Full name of contributor

ROBERT FERNANDEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address;

City; State; Zip Code

2305 COLONIAL PKWY FORTWORTH TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/01/17

Full name of contributor

DOMINGO GARCIA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500.<sup>00</sup>

Contributor address;

City; State; Zip Code

400 ZANG BLVD. STE. 600 DALLAS TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/12/17

Full name of contributor

KAY GRANGER CAMPAIGN FUND

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.<sup>00</sup>

Contributor address;

City; State; Zip Code

1701 RIVER RUN STE. 1010 FORTWORTH TX 76107

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

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

06/05/17

5 Full name of contributor

JORGE BALDOR

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

5000.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2017 YOUNG STREET DALLAS TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/07/17

Full name of contributor

MIKE BLUBAUGH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.<sup>00</sup>

Contributor address;

City; State; Zip Code

2002 HUNTER PLACE CT. ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/17

Full name of contributor

FLORENCIO CASTAÑEDA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

City; State; Zip Code

6127 NORTH HILL LANE FORTWORTH TX 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/09/17

Full name of contributor

ANDREA ESPINOZA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

2720 NW 25TH STREET FORTWORTH TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

06/01/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

FRANCIS MCCARTHY

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

1208 W MAGNOLIA FORTWORTH TX 76104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/05/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

STEPHEN MEEKS

Amount of contribution (\$)

1500.00

Contributor address; City; State; Zip Code

100 THROCKMORTON STE. 300 FORTWORTH TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/07/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MEHRDAD MOAYEDI

Amount of contribution (\$)

2500.00

Contributor address; City; State; Zip Code

1600 VALEY VIEW LANE STE. 300 FARMERS BRANCH TX 75234

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/07/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOVITA MOLINA

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2714 N.W. LORRAINE FORT WORTH TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

06/01/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARNOLD & HARRIETTE BACHMAN

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

1229 SHADY OAKS LN. FORT WORTH TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <p style="text-align: center; font-size: 2em;">1</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">CARLOS E. FLORES</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 17003. <sup>24</sup>	
5 Date <p style="font-size: 1.5em;">06/09/17</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">FT. WORTH POLICE OFFICERS ASSOC. PAC</p>	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">904 COLLIER FTW TX 76102</p>		17003. <sup>24</sup>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> 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)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>26</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/04/17</b>	5 Payee name <b>MARTIN HURTADO</b>
---------------------------	---------------------------------------

6 Amount (\$) <b>250.00</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
---	--	--------------------------------------	-------------

Date <b>06/05/17</b>	Payee name <b>CHRISTINA DE LA ROSA</b>
-------------------------	---

Amount (\$) <b>120.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/07/17</b>	Payee name <b>BOOKER INDUSTRIES</b>
-------------------------	--

Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>2344 FARRINGTON DALLAS TX 75207</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/05/17</b>	5 Payee name <b>MARIA PACHECO</b>
---------------------------	--------------------------------------

6 Amount (\$) <b>30.00</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
-------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
---	--	--------------------------------------	-------------

Date <b>06/05/17</b>	Payee name <b>ALEJANDRA FIERRO</b>
-------------------------	---------------------------------------

Amount (\$) <b>120.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
---	--	--------------------------------------	-------------

Date <b>06/05/17</b>	Payee name <b>DANNY RAMOS</b>
-------------------------	----------------------------------

Amount (\$) <b>70.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS 76164</b>
-----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>06/05/17</b>	5 Payee name <b>JORGE ARRENDONDO</b>
---------------------------	---

6 Amount (\$) <b>160.00</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/05/17</b>	Payee name <b>MARKY RAMOS</b>
-------------------------	----------------------------------

Amount (\$) <b>120.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS 76164</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/05/17</b>	Payee name <b>KASSANDRA FERNANDEZ</b>
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Amount (\$) <b>70.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS 76164</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>06/01/17</i>	<b>5</b> Payee name <i>MARISSA SANCHEZ</i>
----------------------------------	---

<b>6</b> Amount (\$) <i>1150.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>5177 BRITTON RIDGE LANE FORT WORTH TEXAS 76179</i>
---	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/03/17</i>	Payee name <i>ALL STAR PARTY</i>
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Amount (\$) <i>193.<sup>77</sup></i>	Payee address; City; State; Zip Code <i>117 S. SYLVANIA AVE. FORT WORTH TEXAS 76111</i>
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/01/17</i>	Payee name <i>PAINTER COMMUNICATIONS</i>
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Amount (\$) <i>5000.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>ATL GA</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>06/05/17</i>	<b>5</b> Payee name <i>FERNANDO RAGA</i>
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<b>6</b> Amount (\$) <i>700.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>FOOT WORTH TEXAS</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/04/17</i>	Payee name <i>ALL STAR PARTY</i>
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Amount (\$) <i>210.00</i>	Payee address; City; State; Zip Code <i>117 S. SYLVANIA AVE. FORT WORTH, TEXAS 76111</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/05/17</i>	Payee name <i>PAULINA PAREDES</i>
-------------------------	--------------------------------------

Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>FORT WORTH TEXAS</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/03/17</b>	5 Payee name <b>J. B. JUNIOR</b>
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6 Amount (\$) <b>220.00</b>	7 Payee address; City; State; Zip Code <b>1426 NW 25TH FORT WORTH TEXAS 76164</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/04/17</b>	Payee name <b>J. B. JUNIOR</b>
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Amount (\$) <b>306.00</b>	Payee address; City; State; Zip Code <b>1426 NW 25TH FORT WORTH TEXAS 76164</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/04/17</b>	Payee name <b>ELIZABETH SANCHEZ</b>
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Amount (\$) <b>466.00</b>	Payee address; City; State; Zip Code <b>2106 CANCUN DR. FORT WORTH TEXAS 76063</b>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/05/17</b>	5 Payee name <b>SAMANTHA SOTELO</b>
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6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/05/17</b>	Payee name <b>HENNESSY PAREDES</b>
-------------------------	---------------------------------------

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/04/17</b>	Payee name <b>REMMY GUZMAN</b>
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Amount (\$) <b>180.00</b>	Payee address; City; State; Zip Code <b>FORT WORTH TEXAS</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/01/17</b>	5 Payee name <b>CHRISTINA DE LA ROSA</b>
---------------------------	---

6 Amount (\$) <b>150.00</b>	7 Payee address; City; State; Zip Code <b>FOOT WORTH TX</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/03/17</b>	Payee name <b>MICHAEL EVANS</b>
-------------------------	------------------------------------

Amount (\$) <b>228.00</b>	Payee address; City; State; Zip Code <b>5052 LAKEARLINGTON RD. FOOT WORTH TX 76119</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/05/17</b>	Payee name <b>BRITTANY LUCIO</b>
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Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>FOOT WORTH TEXAS</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/09/17</b>	5 Payee name <b>GTG PRINTING</b>
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6 Amount (\$) <b>365.00</b>	7 Payee address; City; State; Zip Code <b>FTW TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>MARISELDA SALAZAR</b>
-------------------------	--

Amount (\$) <b>140.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/16/17</b>	Payee name <b>MANUEL ESPINO</b>
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Amount (\$) <b>355.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>06/02/17</i>	<b>5</b> Payee name <i>NORMA ENGLISH</i>				
<b>6</b> Amount (\$) <i>110.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>FTW TX</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name <i>CARLOS E. FLORES</i></td> <td style="width:20%;">Office sought <i>CITY COUNCIL</i></td> <td style="width:15%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held		
Date <i>06/02/17</i>	Payee name <i>ALEJANDRA FIERRO</i>				
Amount (\$) <i>180.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name <i>CARLOS E. FLORES</i></td> <td style="width:20%;">Office sought <i>CITY COUNCIL</i></td> <td style="width:15%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held		
Date <i>06/12/17</i>	Payee name <i>CHRISTINA ALFARO</i>				
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name <i>CARLOS E. FLORES</i></td> <td style="width:20%;">Office sought <i>CITY COUNCIL</i></td> <td style="width:15%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>06/12/17</b>	5 Payee name <b>BARBARA CASTRO</b>	
6 Amount (\$) <b>50.00</b>	7 Payee address; City; State; Zip Code <b>FTW TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>ELIZABETH SANCHEZ</b>		
Amount (\$) <b>950.00</b>	Payee address; City; State; Zip Code <b>2106 CANCUN DR. MANSFIELD TX 76063</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>KASSANDRA FERNANDEZ</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/12/17</b>	5 Payee name <b>MICHAEL EVANS</b>
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6 Amount (\$) <b>54.00</b>	7 Payee address; City; State; Zip Code <b>5052 LAKE ARLINGTON RD FTW TX 76119</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>BRITTANY LUCIO</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>MARISSA SANCHEZ</b>
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Amount (\$) <b>1190.00</b>	Payee address; City; State; Zip Code <b>5177 BRITTON RIDGE LANE FTW TX 76179</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>06/10/17</i>	<b>5</b> Payee name <i>MICHAEL EVANS</i>
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<b>6</b> Amount (\$) <i>280.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>5052 LAKE ARLINGTON RD. FORT WORTH TX 76119</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/10/17</i>	Payee name <i>PAULINA PAREDES</i>
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Amount (\$) <i>170.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date <i>06/12/17</i>	Payee name <i>SAMANTHA SOTELO</i>
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Amount (\$) <i>130.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>06/10/17</i>	<b>5</b> Payee name <i>ABIGAIL KAWAS</i>	
<b>6</b> Amount (\$) <i>220.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: <i>CITY COUNCIL</i> Office held: <i>CITY COUNCIL</i>	
Date <i>06/12/17</i>	Payee name <i>JORGE ARRENDO</i>	
Amount (\$) <i>210.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: <i>CITY COUNCIL</i> Office held: <i>CITY COUNCIL</i>	
Date <i>06/12/17</i>	Payee name <i>DANIEL SANCHEZ</i>	
Amount (\$) <i>240.00</i>	Payee address; City; State; Zip Code <i>2106 CANCUN DR. MANFIELD TX 76063</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CARLOS E. FLORES</i> Office sought: <i>CITY COUNCIL</i> Office held: <i>CITY COUNCIL</i>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/12/17</b>	5 Payee name <b>REMMY GUZMAN</b>
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6 Amount (\$) <b>290.00</b>	7 Payee address; City; State; Zip Code <b>FTW TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>WAGES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/12/17</b>	Payee name <b>COOPER'S BBQ</b>
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Amount (\$) <b>1787.50</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/10/17</b>	Payee name <b>ALEJANDRA ROMERO</b>
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Amount (\$) <b>810.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 20      2 FILER NAME: CARLOS E. FLORES      3 Filer ID (Ethics Commission Filers)

4 Date: 06/12/17      5 Payee name: HENNESSY PAREDES

6 Amount (\$): 130.00      7 Payee address; City; State; Zip Code: FTW TX

8 PURPOSE OF EXPENDITURE: WAGES

(a) Category (See Categories listed at the top of this schedule)

(b) Description  
 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: CITY COUNCIL      Office held:

Date: 06/05/17      Payee name: ABIGAIL KAWAS

Amount (\$): 120.00      Payee address; City; State; Zip Code: FTW TX

PURPOSE OF EXPENDITURE: WAGES

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: CARLOS E. FLORES      Office sought: CITY COUNCIL      Office held:

Date: 06/12/17      Payee name: RONNY GUZMAN

Amount (\$): 120.00      Payee address; City; State; Zip Code: FTW TX

PURPOSE OF EXPENDITURE: WAGES

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: CARLOS E. FLORES      Office sought: CITY COUNCIL      Office held:

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/01/17</b>	5 Payee name <b>MURPHY NASICA</b>
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6 Amount (\$) <b>238.15</b>	7 Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES/PRINTING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/01/17</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/06/17</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>492.91</b>	Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <b>20</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>06/23/17</b>	5 Payee name <b>PAINTER COMMUNICATIONS</b>
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6 Amount (\$) <b>2300.00</b>	7 Payee address; City; State; Zip Code <b>ATL GA</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/30/17</b>	Payee name <b>FERNANDO RABA</b>
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Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/30/17</b>	Payee name <b>MARIO PEREZ</b>
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Amount (\$) <b>1500.00</b>	Payee address; City; State; Zip Code <b>FTW TX</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>06/12/17</i>	<b>5</b> Payee name <i>MARTIN HURTADO</i>	
<b>6</b> Amount (\$) <i>350.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>06/12/17</i>	Payee name <i>ABIGAIL KAWAS</i>	
Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>06/20/17</i>	Payee name <i>CHRISTIAN OLIVAS</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>20</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>06/12/17</i>	<b>5</b> Payee name <i>ALEJANARA ROMERO</i>	
<b>6</b> Amount (\$) <i>400.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>WAGES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	
Date <i>06/12/17</i>	Payee name <i>PAULINA PAREDES</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	
Date <i>06/12/17</i>	Payee name <i>KARLA PINEOA</i>	
Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>WAGES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	

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# 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>3</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>17,350.<sup>91</sup></b>
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5 Date <b>06/08/17</b>	6 Payee name <b>MURPHY NASICA</b>
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7 Amount (\$) <b>1500.<sup>00</sup></b>	8 Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN, TX 78701</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/19/17</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>6000.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN, TX 78701</b>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING / FEE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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# 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <b>3</b>	2 FILER NAME <b>CARLOS E. FLORES</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>17350.91</b>
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5 Date <b>06/01/17</b>	6 Payee name <b>MURPHY NASICA</b>
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7 Amount (\$) <b>4052.50</b>	8 Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>06/06/17</b>	Payee name <b>MURPHY NASICA</b>
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Amount (\$) <b>5435.99</b>	Payee address; City; State; Zip Code <b>815-A BRAZOS ST. AUSTIN TX 78701</b>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CARLOS E. FLORES</b>	Office sought <b>CITY COUNCIL</b>	Office held
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# 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                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <i>3</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>17350.91</i>
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<b>5</b> Date <i>06/01/17</i>	<b>6</b> Payee name <i>MURPHY NASICA</i>
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<b>7</b> Amount (\$) <i>362.42</i>	<b>8</b> Payee address; City; State; Zip Code <i>815 A BRAZOS ST. AUSTIN TX 78701</i>
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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