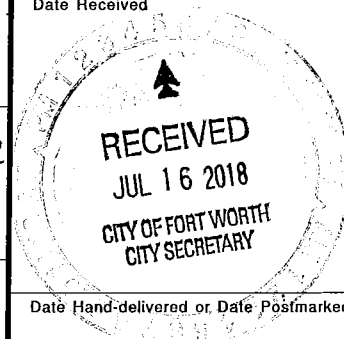


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">21</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / <u>MR</u></div> <div>FIRST CARLOS</div> <div>MI E.</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST FLORES</div> <div>SUFFIX</div> </div>		OFFICE USE ONLY <hr/> Date Received <div style="text-align: center;">  </div> <hr/> Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1415 CIRCLEPARK BLVD. FTW TX 76164		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 688-2347		Receipt # <hr/> Date Processed <hr/> Date Imaged
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / <u>MR</u></div> <div>FIRST TOM</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST BAINTER</div> <div>SUFFIX</div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5529 SECCO DR. FORT WORTH TX 76179		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 237-0733		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 2018 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 2018 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST 2		
13 OFFICE SOUGHT (if known)			

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT



Carter C. Jr.

Signature of Candidate or Officeholder

Stephanu Khills

Signature of officer administering oath

Stephanie Mills

Printed name of officer administering oath

title of officer admini

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

CARLOS E. FLORES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10900. ⁰⁰ / _{xx}
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 5374. ⁷⁴ / _{xx}
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17069. ⁹⁵ / _{xx}
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2355. ⁷⁴ / _{xx}
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:

4

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CARL & ALLISON KNOGNESS

6 Contributor address;

City; State; Zip Code

3721 ARROYO RD. FTW TX 76109

7 Amount of contribution (\$)

250.00
XX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PACHECO KOCH

Contributor address;

City; State; Zip Code

7557 RAMBLER RD. DALLAS TX 75231
STE. 1406

Amount of contribution (\$)

200.00
XX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROSA NAVEJAR

Contributor address;

City; State; Zip Code

2701 CALDER CT FTW TX 76167

Amount of contribution (\$)

100.00
XX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JEFFREY & ELIZABETH WHITACRE

Contributor address;

City; State; Zip Code

1013 BELL OAK DR. KENNEDALE TX 76060

Amount of contribution (\$)

100.00
XX

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:

4

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

01/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

KERVIN GINEAR CAMPBELL

7 Amount of contribution (\$)

100.00
XX

6 Contributor address;

City; State; Zip Code

5218 GRAYSON RIDGE DR. FTW TX 76179

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

FREESE AND NICHOLS PAC

Amount of contribution (\$)

100.00
XX

Contributor address;

City; State; Zip Code

4055 INTERNATIONAL PLAZA FTW TX 76109
STE 200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

COBB FENDLEY PAC

Amount of contribution (\$)

100.00
XX

Contributor address;

City; State; Zip Code

13430 NORTHWEST FREEWAY HOUSTON, TX 77046

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

HALFF ASSOCIATES - STATE PAC

Amount of contribution (\$)

100.00
XX

Contributor address;

City; State; Zip Code

1201 N. BOWSER RD. RICHARDSON, TX 75063

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:

4

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

05/10/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

H. DENNIS HOPKINS

7 Amount of contribution (\$)

500⁰⁰/_{XX}

6 Contributor address;

City; State; Zip Code

3014 PITKIN DR. ARLINGTON TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

01/31/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LAN-PAC

Amount of contribution (\$)

250⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

2925 BRIARPARK DR. HOUSTON TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES & SHIRLEY DANNENBAUM

Amount of contribution (\$)

500⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

5008 DEL MONTE DR. HOUSTON TX 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRAD GORRONDONA

Amount of contribution (\$)

500⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

108 ENCHANTED CT. BURLESON TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

HAYDN H. CUTLER, JR.

7 Amount of contribution (\$)

2500⁰⁰/_{XX}

6 Contributor address;

City; State; Zip Code

3826 CAMP BOWIE FTW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

02/05/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LINEBARGER GOGGAN BLAIR & SAMPSON

Amount of contribution (\$)

2500⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

P.O. BOX 17428 AUSTIN, TX 78760

Principal occupation / Job title (See Instructions)

ATTYS.

Employer (See Instructions)

Date

01/30/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CANTEY HANGER

Amount of contribution (\$)

3000⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

600 W 8TH STREET FTW TX 76102

Principal occupation / Job title (See Instructions)

ATTYS.

Employer (See Instructions)

Date

06/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

AL ZITONI

Amount of contribution (\$)

100⁰⁰/_{XX}

Contributor address;

City; State; Zip Code

FTW TX

Principal occupation / Job title (See Instructions)

LANDLORD

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 06/20/18	5 Payee name PLANET SUB
---------------------------	-----------------------------------

6 Amount (\$) 2.27 XX	7 Payee address; City; State; Zip Code FTW TX
-------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
--	--	---

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

Date 06/22/18	Payee name DEBORAH PEOPLES DNC
-------------------------	--

Amount (\$) 150.00 XX	Payee address; City; State; Zip Code FTW TX
-------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION / CONTRIBUTION	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	Office sought	Office held
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Date 06/04/18	Payee name ANAEL LUEBANOS CAMPAIGN
-------------------------	--

Amount (\$) 250.00 XX	Payee address; City; State; Zip Code FTW TX
-------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION / CONTRIBUTION	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	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/18		5 Payee name ROXSTAR MARKETING			
6 Amount (\$) 700.00 xx		7 Payee address; City; State; Zip Code FTW TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 01/23/18		Payee name MARIO PEREZ			
Amount (\$) 1000.00 xx		Payee address; City; State; Zip Code FTW TX 76			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 01/23/18		Payee name MARIO PEREZ			
Amount (\$) 550.00 xx		Payee address; City; State; Zip Code FTW TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		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 CARLOS E. FLORES		Office sought CITY COUNCIL	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 06/11/18	5 Payee name GLITTERATI PICTURES
---------------------------	--

6 Amount (\$) 130.⁰⁰/_{XX}	7 Payee address; City; State; Zip Code FTW TX
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(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 CARLOS E FLORES	Office sought	Office held CITY COUNCIL
--	---	---------------	------------------------------------

Date 06/11/18	Payee name ROKSTAR MARKETING
-------------------------	--

Amount (\$) 350.⁰⁰/_{XX}	Payee address; City; State; Zip Code FTW TX 76164
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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 CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
--	--	---------------	------------------------------------

Date 06/19/18	Payee name PICCI PACCI
-------------------------	----------------------------------

Amount (\$) 34.⁰⁰/_{XX}	Payee address; City; State; Zip Code FTW TX
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	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	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">7</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">CARLOS E. FLORES</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">03/07/18</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">DAY BREAK CAFE</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">28.00 XX</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">FTW TX</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FOOD/BEVERAGE</div>	(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 <div style="font-size: 1.2em;">CARLOS E. FLORES</div> Office sought <div style="font-size: 1.2em;">CITY COUNCIL</div> Office held		
Date <div style="text-align: center; font-size: 1.2em;">03/05/18</div>	Payee name <div style="text-align: center; font-size: 1.2em;">CAPITAL GRILLE</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">25.00 XX</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">FTW TX</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FOOD/BEVERAGE</div>	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 <div style="font-size: 1.2em;">CARLOS E. FLORES</div> Office sought <div style="font-size: 1.2em;">CITY COUNCIL</div> Office held		
Date <div style="text-align: center; font-size: 1.2em;">04/02/18</div>	Payee name <div style="text-align: center; font-size: 1.2em;">GLITTERATI PICTURES</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">125.00 XX</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">FTW TX</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	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 <div style="font-size: 1.2em;">CARLOS E. FLORES</div> Office sought <div style="font-size: 1.2em;">CITY COUNCIL</div> Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/18		5 Payee name ROXSTAR MARKETING			
6 Amount (\$) 700.⁰⁰/_{XX}		7 Payee address; City; State; Zip Code FTW TX 76106			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 04/19/18		Payee name WALKING TOWNHALL			
Amount (\$) 3.³⁴/_{XX}		Payee address; City; State; Zip Code FTW TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 01/23/18		Payee name CHEESE CAKE FACTORY			
Amount (\$) 76.²⁰/_{XX}		Payee address; City; State; Zip Code FTW TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		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 CARLOS E. FLORES		Office sought CITY COUNCIL	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 01/31/18		5 Payee name P.P. CONSULTING			
6 Amount (\$) 500.⁰⁰/_{XX}		7 Payee address; City; State; Zip Code FTW TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 05/07/18		Payee name ROXSTAR MARKETING			
Amount (\$) 350.⁰⁰/_{XX}		Payee address; City; State; Zip Code FTW TX 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		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 CARLOS E. FLORES		Office sought CITY COUNCIL	
Date 03/31/18		Payee name CEASAR CHAVEZ COMMITTEE			
Amount (\$) 5.⁰⁰/_{XX}		Payee address; City; State; Zip Code FTW TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION		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		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/18	5 Payee name MESO MAYA	
6 Amount (\$) 95. ⁴³/_{XX}	7 Payee address; City; State; Zip Code FTW TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: CARLOS E. FLORES Office sought: Office held: CITY COUNCIL		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Office sought: Office held:		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <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: Office sought: Office held:		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <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: Office sought: 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 17069.95 XX
---	---------------------------------

5 Date 06/06/17	6 Payee name MURPHY NASICA
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7 Amount (\$) 4919.95 XX	8 Payee address; City; State; Zip Code 815-A BRAZOS AUSTIN, TX 78701 STE 304
--	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES/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
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL DIST 2
--	--	---------------	---

Date 06/08/17	Payee name MURPHY NASICA
-------------------------	------------------------------------

Amount (\$) 1500.00 XX	Payee address; City; State; Zip Code 815-A BRAZOS AUSTIN, TX 78701 STE 304
--	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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 CARLOS E. FLORES	Office sought	Office held CITY COUNCIL DIST 2
---	--	---------------	---

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: **2** 2 FILER NAME **CARLOS E. FLORES** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ **17069.95**
XX

5 Date **06/19/2017** 6 Payee name **MURPHY NASICA**

7 Amount (\$) **6000.00**
XX 8 Payee address; City; State; Zip Code
815-A BRAZOS AUSTIN, TX 78701
STE 304

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **FEES** (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
CARLOS E. FLORES **CITY COUNCIL**
DIST 2

Date **08/25/2017** Payee name **MARIO PEREZ**

Amount (\$) **4,650.00**
XX Payee address; City; State; Zip Code
5TH ST FTW TX

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **PRINTING** Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
CARLOS E. FLORES **CITY COUNCIL**
DIST 2

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/18	5 Payee name DREAMING THE CURE		
6 Amount (\$) 20⁰⁰/_{XX}	7 Payee address; City; State; Zip Code FTW TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.)	
Date 03/05/18	Payee name UNBOUND FORT WORTH		
Amount (\$) 50⁰⁰/_{XX}	Payee address; City; State; Zip Code FTW TX		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)	
Date 02/16/18	Payee name DHJ SENIORS VALENTINES DAY DANCE		
Amount (\$) 60⁰⁰/_{XX}	Payee address; City; State; Zip Code FTW TX		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)	
Date 03/05/18	Payee name DHJ SENIOR CENTER		
Amount (\$) 42⁹⁷/_{XX}	Payee address; City; State; Zip Code FTW TX		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/18		5 Payee name DREAMING THE CURE			
6 Amount (\$) 120 ⁰⁰ / _{XX}		7 Payee address; City; State; Zip Code FTW TX 76106			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) DONATION		(b) Description (See instructions regarding type of information required.)	
Date 04/11/18		Payee name FERNANDO RAGA CATERING			
Amount (\$) 70 ⁰⁰ / _{XX}		Payee address; City; State; Zip Code FTW TX			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.)	
Date 04/14/18		Payee name FORT WORTH HISPANIC CHAMBER-STARS & STRIPES			
Amount (\$) 100 ⁰⁰ / _{XX}		Payee address; City; State; Zip Code 1327 N. MAIN ST. FTW TX 76164			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) CONTRIBUTION		Description (See instructions regarding type of information required.)	
Date 03/23/18		Payee name WAVES OF FAITH			
Amount (\$) 500 ⁰⁰ / _{XX}		Payee address; City; State; Zip Code 3229 N. ELM FTW TX 76106			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) CONTRIBUTION		Description (See instructions regarding type of information required.)	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 06/26/18		5 Payee name CUIDADO CASERO FOUNDATION			
6 Amount (\$) 50.00 XX		7 Payee address; City; State; Zip Code FTW TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) DONATION		(b) Description (See instructions regarding type of information required.)	
Date 05/04/18		Payee name FAR GREATER HISTORICAL NORTHSIDE N.A.			
Amount (\$) 200.00 XX		Payee address; City; State; Zip Code FTW TX 76164			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.)	
Date 04/26/18		Payee name TP GOLF TOURNAMENT FUNDRAISER			
Amount (\$) 156.00 XX		Payee address; City; State; Zip Code FTW TX			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.)	
Date 06/30/18		Payee name LIONS CLUB INTERNATIONAL			
Amount (\$) 35.00 XX		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) FEE		Description (See instructions regarding type of information required.)	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/18	5 Payee name DHJ SENIOR CENTER	
6 Amount (\$) 7.77 XX	7 Payee address; City; State; Zip Code FTW TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.)
Date 01/16/18	Payee name MLK HOLIDAY COMMITTEE - PARADE	
Amount (\$) 25.00 XX	Payee address; City; State; Zip Code FTW TX	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION	Description (See instructions regarding type of information required.)
Date 06/02/18	Payee name AHEPA CHAPTER 19	
Amount (\$) 20.00 XX	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)
Date 06/02/18	Payee name AHEPA CHAPTER 19	
Amount (\$) 5.00 XX	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 05/16/18	5 Payee name JUNTOS SE PUEDE		
6 Amount (\$) 150⁰⁰/_{XX}	7 Payee address; City; State; Zip Code FTW TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.)	
Date 04/16/18	Payee name ALL SAINTS CATHOLIC SCHOOL		
Amount (\$) 750⁰⁰/_{XX}	Payee address; City; State; Zip Code 2006 N. HOUSTON FTW TX 76164		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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