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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MB) CARLOS NICKNAME LAST FLORES	MI E. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; COMPANY BLVD AREA CODE PHONE NUMBER (814) 688-2347	EXTENSION	RECEIVED JUL 1 6 2018 CITY OF FORT WORTH CITY SECRETARY Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST TOM NICKNAME LAST BAINTER	MI 	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 5529 SECCO DR.	JITE#; CITY; STATE; FOXF WORTH TX	ZIP CODE 76179
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 237-6733	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2018	THROUGH 06	Day Year 76 / 2018
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) CITY COUNCIL DIST 2	13 OFFICE SOUGHT (if known)	
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CARLOS	E. FLORES	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	· · · · · · · · · · · · · · · · · · ·
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10900 · 00 XX
EXPENDITURE TOTALS		7//	
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 17069 75 XX		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	*HE \$
18 AFFIDAVIT	STEPHANIE MILLS y Commission Expire March 9, 2019	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAME		y the said <u>Carlus</u> Flores	
Sworn to and subscr	10/	o certify which, witness my hand and seal of office.	, this the <i>/Leth</i>
Siphani	whilh	Stephanie Mills	May
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer adfinistering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
i 	CARLOS E. FLORES	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10900 00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5374.24 \$ 17069.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17069.95
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2355 · 74
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARIOS E. FLORES 7 Amount of contribution (\$) 250 18 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) PACHECO KOCH Contributor address; City; State; Zip Code 7557 RAMBLER RD. DALLAS TX 75231 STE. 1406 200 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) and op any fifth with Date Amount of contribution (\$) 01/11/18 ROSA NAVEJAR Contributor address; City; State; Zip Code 2701 CALDER CT FTW TX 76167 100 '8 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF Date out-of-state PAC (ID#:____ Amount of contribution (\$) OI/II//B Contributor address; City; State; Zip Code 1013 BELL OAK DR. KENNEUTLE TX 76060 100 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARIOS E. FLORES 4 Date 5 Full name of contributor out-of-state PAC (ID#:_______) KERVIN SGINEAR CAMPBELL 6 Contributor address; City; State; Zip Code 5218 GRAYSON RIDGE DR. PTW TX 76179 7 Amount of contribution (\$) 100 % 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Date FREESE AND NICHOLS PAC Contributor address; City; State; Zip Code 4055 INTERNATIONAL PAZA FTW TX 76109 STE 200 Amount of contribution (\$) 100 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 61/11/18 COBB FENDLEY PAC Contributor address; City; State; Zip Code /3430 NORTHWEST FREEWAY HOUSDN, TX 77046 100 'xx Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 01/11/18 HALFF ASSOCIATES - STATE PAC Contributor address; City; State; Zip Code 1201 N. BONSERRD. RICHARDSON, TX RICHARDSON, TX 75063 Employer (See Instructions) Principal occupation / Job title (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 Schodule A1:
2 FILER NAME	ARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#: H. DENNIS HOPKINS 6 Contributor address; City; State; Zip Co 3014 PITKIN DR, ARLINGTON TX	76006	7 Amount of contribution (\$) $500 \frac{60}{20}$
8 Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instruction SELF	ons)
Date	Full name of contributor)	Amount of contribution (\$)
01/31/18	Contributor address; City; State; Zip Co		250 100 XX
Principal occup	ation / Job title (See Instructions) Emplo	oyer (See Instruction	ons)
Date 0 / / %	Full name of contributor out-of-state PAC (ID#:	de 7019	Amount of contribution (\$) $500 \frac{30}{20}$
		oyer (See Instruction	ons)
Date	Full name of contributor	de	Amount of contribution (\$) 500 TX
Principal occup	ation / Job title (See Instructions) Emplo	oyer (See Instruction	nns)

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 for	n.	1 Total pages Schedule A1:
2 FILER NAME	LLOS 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. 6 Contributor address; City; State; Z 3 826 CAMP BOWLE FTW TX	2ip Code 76107	7 Amount of contribution (\$) $2500 \cdot \frac{00}{xx}$
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction SELF	ons)
Date 02/05/18	Full name of contributor out-of-state PAC (ID#: LINEBARGER GOGGAN BLAIR \$2.5 Contributor address; City; State; Z.P.O. BOX 17428 AUSTIN, TX		Amount of contribution (\$) $2500^{-1}\frac{00}{xx}$
Principal occup	ATTYS	Employer (See Instruction	ons)
Date 01/36/18	Full name of contributor		Amount of contribution (\$) $\frac{2000 - \frac{60}{4x}}{}$
Principal occup	ATTYS.	Employer (See Instruction	ons)
Date 06/07/18	Full name of contributor out-of-state PAC (ID#:_AL_Z/100%) Contributor address; City; State; Zi		Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other / enters expenses not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	fages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:		•
4 Date 66/25/18	5 Payee name PLANET SUB	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2.27 XX	FTW TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD / BEVERAGE	L 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 Office held CITY COUNCIL
Date ,	Payee name	
06/22/18	DEBORAH PEOPLES	DNC
Amount (\$)	Payee address; City; State; Zip Code	
150 XX	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	DONATION/CONTRIBUTION	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
0 b/04/18	Payee name ANAEL LUEBAN	105 CAMPATGN
Amount (\$)	Payee address; City; State; Zip Code	
250° XX	FIN TX	
-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1/2 - 140 140 140 1 mg	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	DONATION/CONTRIBUTION	LI Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 7 Payee address; City; State; Zip Code 6 Amount (S 700.00 FTW TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EVENT EXPENSE OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct CITYCOUNCIL expenditure to benefit C/OH CARLOS E- FLORES Payee name MARIO PERCEZ Pavee address: City: State: Zip Code FRW TK 76 1000 % Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense PRINTING **EXPENDITURE** Office held Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH CARLOS E, FLORES CITY COUNCIL Date 01/23/18 MARIO PEREZ Amount (\$) .00 XX City; State; Zip Code Payee address; FTW TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense PRINTING EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct

COTY COUNCIL

expenditure to benefit C/OH

CARLOS E. FLMES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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: 2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers) 5 Payee name CLITTERATI PICTURES 6 Amount (\$) City; State; Zip Code 7 Payee address; 130 8 AW TX (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct CITY COUNCIL CARLOS E FLORES expenditure to benefit C/OH Payee name 06/11/18 ROXSTAR MARKETING Amount (\$) City; State; Zip Code Payee address: FTW TX 76164 350 % Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF FEES Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL Pavee name 06/19/18 PICCI PACCI Amount (\$) City; State; Zip Code Payee address; 34 % FTW TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE**

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH FOOD /BEVERAGE

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E- FLARES 5 Payee name 4 Date DAY BREAK CAFE 7 Payee address; 6 Amount (\$) City; State; Zip Code 28,00 FTW TX (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** FUDD / BENERAGE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name CARLO3 E - FURBS Office held CITY COUNCIL Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/05/18 CAPITAL GRILLE Payee address; City; State; Zip Code 25. 8 FIW TX Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** FUUD BENERAGE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 04/02/18 GLITTERATI PICTURES Amount (\$) City; State; Zip Code Pavee address: 125 · 8x FTIW TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense FEES EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct CITY COUNCIL expenditure to benefit C/OH CARLOS E. FLORES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 64/62/18	5 Payee name ROXSTAR MARKE	TING
6 Amount (\$) $f(x) = \int_{-\infty}^{\infty} $	7 Payee address; City; State; Zip Code	06
8 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
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLONES	Office sought Office held
Date	Payee name	
04/19/18	WALKING TOWNHA	L
Amount (\$)	Payee address; City; State; Zip Code	/
3, <u>34</u>	FW TX 7	6164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. 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
Date	Рауее пате	
01/23/18	CHEESE CAKE FAC	TORY
Amount (\$)	Payee address; City; State; Zip Code	
76.XX	FTW TX 761	72
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOG E, FLORES	Office sought Office held CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E - FLORI	3 Filer ID (Ethics Commission Filers)
4 Date 0//3///8	P, P, CONSULTING	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
500,00	(a) Category (See Categories listed at the lange this schedule)	(b) Description
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEES	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 Office held CITY COUNCIL
Date _ ~ / 4-7 / / R	Payee name	
05/07/18	ROXSTAR MARKETI	NG
Amount (\$)	Payee address; City; State; Zip Code	
350 ×	FTW TX 76	10 b
DUDDOCT	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
experiditure to beliefit C/OA	CARLOS E, FLORES	CITY COUNCIL
Date 03/31/18	Payee name CEASAR CHAVE Z	COMMITTEE
Amount (\$)	Payee address; City; State; Zip Code	
5 %	FTW TX	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	DONATION	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 S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E, FLORES 5 Payee name MESO MAYA City; State; Zip Code 7 Payee address; FTW TX 76102 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF FOOD BEVERAGE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct CARLOS E-FLORES expenditure to benefit C/OH CITY COUNCIL Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10)(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	•	pense Transportation Equipment & Related Expense Travel In District Travel Out Of District Abor Other (enter a category not listed above)
1 Total pages Schedule F2:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
2	CARLOS E. FLORES	
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLIGATIONS	\$ 17069 95 **
5 Date 06/1	6 Payee name MURPHY NASICA	
7 Amount (\$) 4919.95 XX	8 Payee address; City; State; Zip Code 815-A BLAZOS AUSTIN, TX 78701 5TE 304	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) De FEES / PRINTING	escription 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 CARLOS E. FLORES	Office held CITY COUNCIL DIST 2
Date 06/08/17	Payee name MURPHY WASICA	
Amount (\$) 1500 '00 XX	Payee address; City; State; Zip Code 915-A BRAZOS ANSTIN, TX 78 5TE 364	3701
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held CITY COUNCIL BIST Z
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense 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 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 17069 · 95 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS ate 06/19/2017 6 Payee name MURPHY NASICA mount (\$) 8 Payee address; City; State; Zip Code 8/5-A BRAZOS AUSTIN, TX 78701 STE 304 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. FEES OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee name 08/25/2017 MARIO PEREZ Payee address; City; State; Zip Code STH ST FIN TX 4,650:2 TYPE OF Political Non-Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE PRINTING OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL DIST Z CARLOS E. FLORES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE |

	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule I:	2 FILER NAME CARLOS E, FLORES	3 Filer ID (Ethics Commission Filers
4 Date 02/10/18	5 Payee name DREAM ING THE CE	ICE
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.)
Date 63/05/18	Payee name UN BOUND FORT	WORTH
Amount (\$) 60 XX	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 62/16/18	Payee name DHJ SENIORS VI	PLENTINES DAY DANCE
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.)
0 3 /05 /18	Payee name DHJ SENIOR CEN	TER
Amount (\$) 42:97 XX	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DI NATIUN	Description (See instructions regarding type of information required.)

SCHEDULE |

	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule I	T	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/18	5 Payee name DREAMING THE CO	URE
6 Amount (\$)	7 Payee address; City; State; Zip Code	06
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DOWATION	(b) Description (See instructions regarding type of information required.)
04/11/18	Payee name FERNANDO RAGA	CATERING
Amount (\$) 70°	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Powation	Description (See instructions regarding type of information required.)
04/14/18	Payee name Foot WORTH HISPAN	IC CHAMBER-STARS & STRIPES
Amount (\$)	Payee address; City; State; Zip Code	X 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 1 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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Revised 9/8/2015

SCHEDULE !

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	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule I	CARLOS E, FLORES	3 Filer ID (Ethics Commission Filers
4 Date 06/26/18	5 Payee name CUIDADO CASERO	FOUNDATION
6 Amount (\$) 50 \(\frac{00}{\text{XX}} \)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date 05/04/18	Payee name FAR GREATER HISTORIC	AL NORTHSIDE N.A.
Amount (\$) 200' \(\frac{7}{\text{V}} \)	Payee address; City; State; Zip Code	114
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) PONATION	Description (See instructions regarding type of information required.)
0 4/26/18	Payee name TP GOLF TOURNAME	INT FUNDRAISER
Amount (\$) 156 60 XX	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 66/36/18	Payee name HONS CUB INTE	ERNATIONAL
Amount (\$) 35'\(\infty\)	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.)

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME CARLOS E, FLORES	3 Filer ID (Ethics Commission Filers
4 Date 03/65/18	5 Payee name DHJ SENIOR CE	NTER
6 Amount (\$) 77 7, 77	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date 01/16/18	Payee name MLK HOUDAY COMM	ITTEE - PARADE
25.00 TX	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION	Description (See instructions regarding type of information required.)
Date 06/52/18	Payee name AHEPA CHAPTER 19	
Amount (\$) 20 'XX	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 06/02/18	Payee name A HEPA CHAPTER 19	
Amount (\$) 5 , 00 XX	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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SCHEDULE |

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME CARLOS E. FLORBS	3 Filer ID (Ethics Commission Filers
4 Date 0 5/16/18	5 Payee name JUNTOS SE PUEDO	F
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
04/16/18	Payee name ALL SAINTS CATH	OLIC SCHOOL
Amount (\$) 750°	Payee address; City; State; Zip Code 2006 N. Houston FTW TX 76164	
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.)
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.)