

**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:

32

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

CARLOS

E.

NICKNAME

LAST

SUFFIX

FLORES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1415 CIRCLE PARK BLD. FORTWORTH TX
76164

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

688-2347

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

TOM

NICKNAME

LAST

SUFFIX

BAINTER

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5529 SECCO DR. FT. WORTH TX 76179

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

237-0733

9 REPORT TYPE

- ☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

07 / 01 / 2017

THROUGH

Month Day Year

12 / 31 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

- ☐ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL
DISTRICT 2

13 OFFICE SOUGHT (if known)

GO TO 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)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 300.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 35775.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 394.82

4. TOTAL POLITICAL EXPENDITURES

\$ 20031.06

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

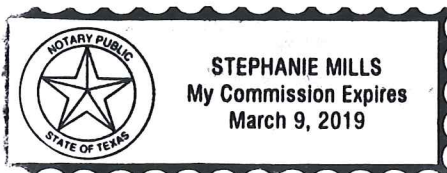
\$ 13815.69

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos Flores, this the 16 day of January, 20 18, to certify which, witness my hand and seal of office.

Stephanie Mills

Signature of officer administering oath

Stephanie Mills

Printed name of officer administering oath

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	\$ 35775. ⁰⁰
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	\$ 20031. ⁰⁶
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 13269. ⁹⁵
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	\$ 2465. ⁰⁰
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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

SYLVIA A. FLORES

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1007 PARK AVE FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

E. DON OR THELMA BOX

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

513 TURNER BLVD. GRAND PRAIRIE TX 75060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

KENNETH BARR

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

3101 AVONDALE AVE FTW TX 76109

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARIAN ROBERTS

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7222 IRISH VALLEY FTW TX 76123

Principal occupation / Job title (See Instructions)

REALTOR

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN T PEARSON

7 Amount of contribution (\$)

25.00

6 Contributor address;

City; State; Zip Code

12221 VIENNA APPLE RD FTW TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

REALTOR

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

SERBIO DELEON

Amount of contribution (\$)

125.00

Contributor address;

City; State; Zip Code

4521 DIAZ AVE FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

DOUGLAS VARNER

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

10600 HUNT CLUB FTW TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT BRASHEAR

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

9616 LEASIDE DR. DALLAS, TX 75238

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

12/23/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

THOMAS BAINTER

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

FTW TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

11/06/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PSEL PAC

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

201 MAIN STREET
SUITE 2500

FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/06/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GOOD GOVERNMENT FUND

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/04/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HAMMER AND NAILS CLUB-CANDIDATE

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

100 E. 15TH ST.
SUITE 600

FTW TX 76102

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/15/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

HELEN F. MERCADO

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

211 E CENTRAL AVE. FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

08/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES CHARLES POWELL

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 444 HURST TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/15

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES AUSTIN

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2401 SCOTT AVE FTW TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

BRAD J. GORRONDONA

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

108 ENCHANTED CT N BURLESON TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN AND SHAWN HAWKINS

7 Amount of contribution (\$)

5000.00

6 Contributor address;

City; State; Zip Code

3041 BENT TREE CT BEDFORD TX 76021

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARC GUNDERSON

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

5950 HWY 1187 CROWLEY TX 76036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

MARLENE L. BECKMAN

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

2300 MEAFORD CT. EAST FTW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT FERNANDEZ LARRY WILSON

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2305 COLONIAL PKWY FTW TX 76109

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

FORT WORTH FIREFIGHTERS COMMITTEE

6 Contributor address;

City; State; Zip Code

3655 TULSA WAY FTW TX 76107

7 Amount of contribution (\$)

2500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/04/17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT MCLEAN

Contributor address;

City; State; Zip Code

226 BAILEY AVE. FTW TX 76107
SUITE 106

Amount of contribution (\$)

2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/14/17

Full name of contributor

☐ out-of-state PAC (ID#:

JOE PANIAGUA

Contributor address;

City; State; Zip Code

8125 MOUNT SHASTA CIRCLE FTW TX 76137

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

Date

12/12/17

Full name of contributor

☐ out-of-state PAC (ID#:

MIKE WARD

Contributor address;

City; State; Zip Code

2300 HILLCREST FTW TX 76107

Amount of contribution (\$)

100.00

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT RILEY

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4117 WALNUT CREEK FTW TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

GENA PERRY

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6012 WALRAVEN CIR FTW TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

JUSTIN LIGHT

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6116 KENWICK AVE FTW TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTY.

Date

08/13/17

Full name of contributor

☐ out-of-state PAC (ID#:

LARRY ANFIW

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

7020 CASTLE CREEK CT. FTW TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

L.O. BRIGHT BILL III

6 Contributor address;

City; State; Zip Code

8908 CRESTWOOD DR. FTW TX 76179

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/13/17

Full name of contributor

☐ out-of-state PAC (ID#:

ANTONIO & ALICE AYALA

Contributor address;

City; State; Zip Code

1520 LAGANDA AVE FTW TX 76164

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/17

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT PATTON

Contributor address;

City; State; Zip Code

5201 CAMP BOWIE FTW TX 76107

Amount of contribution (\$)

5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

1414 MONK

Contributor address;

City; State; Zip Code

840 BROWN TRL. BEDFORD TX 76022

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

ATTY

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

SANDLIN CAPITAL, LLC

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

550 BAILEY AVE FTW TX 76107
STE 255

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/11/17

Full name of contributor

☐ out-of-state PAC (ID#)

HALFF ASSOC. - STATE PAC

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1201 N. BOWSER RD RICHARDSON, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/09/17

Full name of contributor

☐ out-of-state PAC (ID#)

GERALD HADDOCK

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

500 MAIN STREET FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/17

Full name of contributor

☐ out-of-state PAC (ID#)

PAUL & MELISSA HUNTER

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

P.O. BOX 470243 FTW TX 76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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:

15

2 FILER NAME
CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

09/14/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

DONALD JURY

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

436 HALTOM RD FTW TX 76117

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

ANNAHI ESPARZA

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

3321 RYAN AVE FTW TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

JEFF RIDER

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

FTW TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

HEATHER PHILLIPS

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

FTW TX

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/25/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

R. DENNY ALEXANDER

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

4200 S. HULENST FTW TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/24/17

Full name of contributor

☐ out-of-state PAC (ID#:

JO HICKMAN

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2125 FOUNTAIN SQUARE FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

JERRY CONATSER

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

6716 SAINT ANDREWS RD. FTW TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/17

Full name of contributor

☐ out-of-state PAC (ID#:

ALFRED SAENZ

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

407 THROCKMORTON FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/11/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN AVILA, JR.

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

2600 WEST 7TH ST. FTW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

BUSINESS OWNER

Date

08/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN SMITH

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

7736 FM428 DENTON TX 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

CHRIS GAVRAS

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1301 THROCKMORTON ST. FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

SANDRA McGLATHLIN

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

5301 SUN VALLEY AR. FTW TX 76119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNER

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

POLO CLUB MANAGEMENT, INC.

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

4324 GARLAND DR. HATTON CITY, TX 76117

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

KAY GRANGER CAMPAIGN FUND

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1701 RIVER RUN FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CONGRESS WOMAN

Date

08/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

H&R AUTOMOTIVE, INC.

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

2015 ROBERTS CUTOFF RD. FTW TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

FRANCIS MCCARTHY

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1208 W MAGNOLIA FTW TX 76104

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

LUIS GALINAG

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

600 FORTWORTH CLUB FTW TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

ATTY.

Date

08/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM MEADOWS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

121 RIVERCREST DR. FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/17

Full name of contributor

☐ out-of-state PAC (ID#:

OUTLAW HOME

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

204 W. CENTRAL AVE. FTW TX 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

FRANK PENNA

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4420 FIESTA CIRCLE E. FTW TX 76133

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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/23/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

H.B. BAKER

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

121 E. EXCHANGE AVE. FTW TX 76164

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

08/25/17

Full name of contributor

☐ out-of-state PAC (ID#:

JEFF DAVIS

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2325 MISTLETOE DR. FTW TX 76110

Principal occupation / Job title (See Instructions)

ATTY.

Employer (See Instructions)

Date

09/11/17

Full name of contributor

☐ out-of-state PAC (ID#:

EDWARD ANDREWS

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1013 SIENA DR. SOUTHLAKE TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN AUGENBAUGH

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4710 DEXTER FTW 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:

15

2 FILER NAME

CARLOS E. FLORES

3 Filer ID (Ethics Commission Filers)

4 Date

08/16/17

5 Full name of contributor

TY WILLIAMS

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

662 MAY ST. FTW TX 76104

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

Date

08/15/17

Full name of contributor

MICHAEL CRAIN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4450 OAK PARK LANE FTW TX 76109

Principal occupation / Job title (See Instructions)

REALTOR / DIST. DIRECTOR

Employer (See Instructions)

Date

08/10/17

Full name of contributor

MARTHA LEONARD

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

1411 SMADY OAKS LANE FTW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/09/17

Full name of contributor

ROBERT BENDA

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

608 PAINT PONY TRL FTW TX 76108

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.

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: 8		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 07/05/17		5 Payee name FERNANDO RAGA CATERING			
6 Amount (\$) 250.00		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 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL DIST 2	
Date 07/11/17		Payee name MARIO PEREZ			
Amount (\$) 1500.00		Payee address; City; State; Zip Code 2744 5TH AVE. FTW TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING 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 DIST 2	
Date 08/07/17		Payee name ROXSTAR MARKETING			
Amount (\$) 350.00		Payee address; City; State; Zip Code FTW TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		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 DIST 2	

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: 8	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/17	5 Payee name MURPHY NASICA & ASSOCIATES	
6 Amount (\$) 10000.00	7 Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN TX 78701 #304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name CARLOS E. FLORES		
Office sought CITY COUNCIL DIST 2		
Office held CITY COUNCIL DIST 2		
Date 09/05/17	Payee name SAM'S CLUB	
Amount (\$) 5.82	Payee address; City; State; Zip Code 6760 WESTWORTH BLVD WESTWORTH VILLAGE, TX 76114	
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 DIST 2		
Office held CITY COUNCIL DIST 2		
Date 11/06/17	Payee name ROXSTAR MARKETING	
Amount (\$) 350.00	Payee address; City; State; Zip Code FTW TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR	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 DIST 2		
Office held CITY COUNCIL DIST 2		

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: 8		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 09/06/17		5 Payee name SAM'S CLUB			
6 Amount (\$) 13.42		7 Payee address; City; State; Zip Code 6760 WESTWORTH BLVD WESTWORTH VILLAGE, TX 76114			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL DIST 2	
Date 09/07/17		Payee name SIGNS BY TOMORROW			
Amount (\$) 68.96		Payee address; City; State; Zip Code 3509 NM LOOP 820 FTW TX 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING 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 DIST 2	
Date 09/11/17		Payee name MARIO PEREZ			
Amount (\$) 6000.00		Payee address; City; State; Zip Code 2744 5TH AVE FTW TX 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT		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 DIST 2	

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: 8		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 09/18/17		5 Payee name FORT WORTH POLICE & FIRE MEMORIAL			
6 Amount (\$) 15.00		7 Payee address; City; State; Zip Code FTW TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION		(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 DIST 2	
Date 09/21/17		Payee name LAUREN DOCS ETC.			
Amount (\$) 275.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING 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 DIST 2	
Date 09/27/17		Payee name ROUND ONE BOXING			
Amount (\$) 150.00		Payee address; City; State; Zip Code 3952 WOSLEY DR. FTW TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION / 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 CARLOS E. FLORES		Office sought CITY COUNCIL DIST 2	

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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: <u>8</u>	2 FILER NAME <u>CARLOS E. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/05/17</u>	5 Payee name <u>RACHEL DELIRA</u>	
6 Amount (\$) <u>50.00</u>	7 Payee address; City; State; Zip Code <u>3208 RIVERLAKES DR. HURST, TX 76053</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>IMAGES/CONTRACT LABOR</u>	(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: <u>CARLOS E. FLORES</u> Office sought: _____ Office held: <u>CITY COUNCIL DIST 2</u>		
Date <u>09/05/17</u>	Payee name <u>JOSE ROMERO</u>	
Amount (\$) <u>198.53</u>	Payee address; City; State; Zip Code <u>2201 E MADDOX FTW TX 76104</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	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: <u>CARLOS E. FLORES</u> Office sought: _____ Office held: <u>CITY COUNCIL DIST 2</u>		
Date <u>09/05/17</u>	Payee name <u>AMIGOS IN BUSINESS</u>	
Amount (\$) <u>75.00</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	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: <u>CARLOS E. FLORES</u> Office sought: _____ Office held: <u>CITY COUNCIL DIST 2</u>		

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: 8		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/17		5 Payee name SERGIO DE LEON CAMPAIGN			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code P.O. BOX 470743 FTW TX 76147			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION		(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 DIST 2	
Date 11/14/17		Payee name HARLAND CLARKE			
Amount (\$) 20.00		Payee address; City; State; Zip Code 4747 E LANCASTER AVE FTW TX 76103			
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 DIST 2	
Date 11/14/17		Payee name HARLAND CLARKE			
Amount (\$) 20.00		Payee address; City; State; Zip Code 4747 E LANCASTER AVE FTW TX 76103			
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 DIST 2	

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;">8</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;">12/18/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">ROXSTAR MARKETING</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">350.00</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>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">SALARIES/WAGES/CONTRACT LABOR</div> </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name CARLOS E. FLORES</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held CITY COUNCIL DIST 2</div> </div>		
Date <div style="text-align: center; font-size: 1.2em;">12/21/17</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;">212.71</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">800 MAIN ST. FTW TX 76102</div>	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FOOD/BEVERAGE EXPENSE</div> </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name CARLOS E. FLORES</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held CITY COUNCIL DIST 2</div> </div>		
Date <div style="text-align: center; font-size: 1.2em;">12/21/17</div>	Payee name <div style="text-align: center; font-size: 1.2em;">HONBUN VIDEO</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">45.00</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">FTW TX</div>	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">EVENT EXPENSE</div> </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name CARLOS E. FLORES</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held CITY COUNCIL DIST 2</div> </div>		

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: 8		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/17		5 Payee name WAL-MART			
6 Amount (\$) 21.65		7 Payee address; City; State; Zip Code 2245 JACKSBORO HWY. FTW TX 76114			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office sought CITY COUNCIL DIST 2	
Date 12/26/17		Payee name WAL-MART			
Amount (\$) 9.97		Payee address; City; State; Zip Code 2245 JACKSBORO HWY. FTW TX 76114			
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 DIST 2	
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	
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	

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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 \$ **1326.95**

5 Date **06/06/17** 6 Payee name **MURPHY NASICA**

7 Amount (\$) **4919.95** 8 Payee address; City; State; Zip Code **815A BRAZOS SUITE 304 AUSTIN TX 78701**

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** (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 **CARLOS E. FLORES** Office sought Office held **CITY COUNCIL DIST 2**

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

Amount (\$) **1500.00** Payee address; City; State; Zip Code **815A BRAZOS SUITE 304 AUSTIN TX 78701**

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

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

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/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				\$ 13269.⁹⁵	
5 Date 06/19/17		6 Payee name MURPHY NASICA			
7 Amount (\$) 6000.⁰⁰		8 Payee address; City; State; Zip Code 815A BRAZOS SUITE 304 AUSTIN TX 78701			
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		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office held CITY COUNCIL DIST 2	
Date 12/20/17		Payee name MARIO PEREZ			
Amount (\$) \$50.⁰⁰		Payee address; City; State; Zip Code 5TH AVE FTW TX			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name CARLOS E. FLORES		Office held 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: <i>4</i>	2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/05/17</i>	5 Payee name <i>FERNANDO'S CATERING/NORTH SIDE HS SPONSOR</i>		
6 Amount (\$) <i>125.00</i>	7 Payee address; City; State; Zip Code <i>FTW TX</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	(b) Description (See instructions regarding type of information required.)	
Date <i>08/28/17</i>	Payee name <i>NORTH SIDE SENIOR CENTER</i>		
Amount (\$) <i>20.00</i>	Payee address; City; State; Zip Code <i>1100 NW 18TH ST. FTW TX 76164</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	Description (See instructions regarding type of information required.) <i>FOOD</i>	
Date <i>11/15/17</i>	Payee name <i>ALL SAINTS CATHOLIC SCHOOL</i>		
Amount (\$) <i>170.00</i>	Payee address; City; State; Zip Code <i>214 NW 20TH ST. FTW TX 76164</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	Description (See instructions regarding type of information required.)	
Date <i>11/29/17</i>	Payee name <i>USS FORT WORTH SUPPORT COMMUNITIES</i>		
Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>FTW TX</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>	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: 4	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 16/19/17	5 Payee name NORTH SIDE HS LEGACY FOUNDATION	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code P.O. BOX 4181 FTW TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	(b) Description (See instructions regarding type of information required.)
Date 10/20/17	Payee name ALL SAINTS KNIGHTS OF COLUMBUS	
Amount (\$) 150.00	Payee address; City; State; Zip Code FTW TX 76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)
Date 10/26/17	Payee name RONALD McDONALD HOUSE	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1001 8TH AVE. FTW TX 76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)
Date 10/25/17	Payee name JUNTOS SE PUEDE	
Amount (\$) 150.00	Payee address; City; State; Zip Code 2621 NW 29TH ST. FTW TX 76106	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/17	5 Payee name JUNTOS SE PUEDE	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2621 NW 29TH ST. FTW TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	(b) Description (See instructions regarding type of information required.)
Date 11/21/17	Payee name HALOS	
Amount (\$) 200.00	Payee address; City; State; Zip Code FTW TX	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)
Date 10/16/17	Payee name ALL SAINTS CATHOLIC CHURCH	
Amount (\$) 200.00	Payee address; City; State; Zip Code 214 NW 20TH ST. FTW TX 76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)
Date 11/13/17	Payee name MARGARITA BALL SOCIETY	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. BOX 17417 FTW TX 76102	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/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: 4	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/09/17	5 Payee name UNITED COMMUNITY CENTERS, INC.
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1200 E. MADDOX AVE. FTW TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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