OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

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 Z
3 CANDIDATE / OFFICEHOLDER	MS / MRS /MR FIRST CARLO 5	E.	OFFICE USE ONLY
A CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	NICKNAME LAST FLORES	SUFFIX CITY; STATE; ZIP CODE	Date Received 7 8 9 70 PRICE VED RECEIVED IN 16 2018 PRICE P
OFFICEHOLDER PHONE	(817) 688-2347 MS/MRS/MB FIRST	МІ	Date Hand Tolivered or Date Posmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	NICKNAME BAINTER	MI 	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5529 SECCO DR.	JITE#; CITY; STATE; FT. WORTH TX	76179
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 237-0733	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2017	THROUGH 12	131 / 2017
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (IF any) CITY COUNCIL DISTRICT 2	13 OFFICE SOUGHT (if known)	
	go то г	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CARLOS E.	FLORES	5 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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	TO SERVICE TO THE OWNER OF THE PARTY OF THE	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35775.00	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 394.82	
	4. TOTAL	\$ 394.82 \$ 20031.06		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 13815.			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$	
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. STEPHANIE MILLS My Commission Expires March 9, 2019				
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE				
ALLIVIAGI 91WIL	JULALABOVE	0		
Sworn to and subscr	ibed before me, b	y the said CAND Ploy LS	, this the	
day of January	ـــــــــــــــــــــــــــــــــــــ	o certify which, witness my hand and seal of office.		
Sepherm Khills Stephanie Mills				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	CARLOS E, FLORES	20 Filer ID (Ethics Co	mmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 35775.99
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 CO	ONTRIBUTIONS	\$20031.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 13269- <u>95</u>
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 FU	INDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 2465.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	TIONS	\$
			i i

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 CARUS E, FLORES 5 Full name of contributor out-of-state PAC (ID#: SYLVIA A- FLERES 6 Contributor address; City; State; Zip Code 1007 PARK AVE FTW TX 76164 7 Amount of contribution (\$) 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) E. DON OR THELMA BOX 08/16/17 Contributor address; City; State; Zip Code 513 TURNER BLVD. GRAND PRAIRIE, TX 200'00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) 08/16/17 KENNETH BARR Contributor address; City; State; Zip Code 310 1 AVONDAGE AVE FIWTX 7619 150:00 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT Date Full name of contributor MARIAN ROBERTS OB/16/17 Contributor address; City; State; Zip Code 7222 IKISH VAULY FTW TX 76123 Amount of contribution (\$) 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) REALTOR 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7) 7 / 08/16/17 6 Contributor address; City; State; Zip Code 1 2 2 2 1 VIENNA APPLE RP FIWTX 76244 7 Amount of contribution (\$) 25.00 9 Employer (See Instructions) REALTOR 8 Principal occupation / Job title (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:__ Amount of contribution (\$) 08/16/17 SERBIO DELEON Contributor address; City; State; Zip Code 4521 DIAZ AVE FTW TX 76107 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code 10600 HUNT CLUB FTW TX 7 6244 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor __out-of-state PAC (ID#:______) ROBERT BRASHEAR Contributor address; City; State; Zip Code 9616 LEASIDE BR. DALLAS, 7X 75238 Amount of contribution (\$) 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 CARLOS E, FLORES 4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#:__ 7 Amount of contribution (\$) 12/23/17 THOMAS BAINTER 6 Contributor address; City; State; Zip Code 100.00 FTW TX 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) RETIRED Amount of contribution (\$) PSEL PAC 11/06/17 Contributor address; City; State; Zip Code 201 MAIN STREET FTW TX 76102 SUITE 2500 1000 .00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) GOOD GOVERNMENT FUND Contributor address; City; State; Zip Code 1000.00 11/06/17 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) HAMMER AND WAILS CLUB-CANDIDATE Contributor address; City; State; Zip Code 100 E. 15TH ST. FTW TX 76102 SUITE 600 12/04/17 500.00 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARIOS E. FLORES 4 Date 7 Amount of contribution (\$) HELEN F. MERCADO 08/15/17 6 Contributor address; City; State; Zip Code 211 E CENTRAL AVE. FTW TX 76164 500.00 9 Employer (See Instructions) RETIREO 8 Principal occupation / Job title (See Instructions) Date JAMES CHARLES POWELL Contributor address; City; State; Zip Code P. O. BOX 444 HURST TX 76063 Amount of contribution (\$) 100 .00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:___ Amount of contribution (\$) O8/17/15 Contributor address; City; State; Zip Code 240 1 SCOTT AVE FTW TX 76103 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) BUSINESS OWNER Amount of contribution (\$) BRAD J. GORRONDONA 08/11/17 Contributor address; City; State; Zip Code 108 ENCHANTED CT N BURLESON TX 76028 500.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 5 Full name of contributor out-of-state PAC (ID#:______) 708/16/17 6 Contributor address; City; State; Zip Code 3041 BENT TREECT BEDFORD TX 76021 7 Amount of contribution (\$) 5000'00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) MARC GUNDERSON Contributor address; City; State; Zip Code 5950 HWY 1187 CROWLEY TX 76036 2000'00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Full name of contributor MARLENE L. BECKMAN Contributor address; City; State; Zip Code 2300 MEAFORD CT. EAST FTW TX 76/09 Amount of contribution (\$) 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 18/16/17 Contributor address; City; State; Zip Code 2305 COLONIAL PXWY FTW TX 76/09 250,00 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 CARLOS E. FLORES 4 Date 5 Full name of contributor out-of-state PAC (ID#: FORT WORTH FIREFIGHTERS COMM 17TEE 12/18/17 6 Contributor address; City; State; Zip Code 3655 TULSA WAY FTW TX 76107 7 Amount of contribution (\$) 2500.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) ROBERT MCLEAN Contributor address; City; State; Zip Code 226 BAILEY AVE. FTW TX 76/07 SUITE 106 2000.00 12/04/17 Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:_ Amount of contribution (\$) JOE PANIAGUA Contributor address; City; State; Zip Code 250.00 8125 MOUNT SHASTA CIRCLE FTW TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) MIKE WARD 12/12/17 Contributor address; City; State; Zip Code 100.00 2300 HILLCREST FTW TX 76/07 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#: OB/1b/17) R BERT RILEY 6 Contributor address; City; State; Zip Code 4/17 WALNUT CREEK FTWTX 76137 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor __ out-of-state PAC (ID#:_____) GENA PERRY Contributor address; City; State; Zip Code 6012 WALRAVEN CIR FTWTX 76/33 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 08/16/17 Contributor address; City; State; Zip Code 6116 KENWICK AVE FTWTX 76/16 50.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____) Date Amount of contribution (\$) 08/13/17 LARRY ANFIW Contributor address; City; State; Zip Code 250,00 70 20 CASTLE CAEK 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E, FLMES 7 Amount of contribution (\$) 08/16/17 L.O. WIGHT BILL III 6 Contributor address; City: State; Zip Code 6908 CRESTWOOD PR. FTW TX 76179 100.00 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 08/13/17 ANTONID & ALICE AYALA Contributor address; City; State; Zip Code 1520 LAGANDA AVE FTWTX 76/69 100:00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) ROBERT PATTON Contributor address; City; State; Zip Code 5201 CAMP BOWLE FTW TX 76107 5000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 08/16/17 Contributor address; City; State; Zip Code 250.00 840 BROWN TRL. BEDFORD TX 76022 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTY 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLONES 4 Date 5 Full name of contributor out-of-state PAC (ID#:_______) 8 Principal occupation / Job title (See Instructions) 5 Full name of contributor out-of-state PAC (ID#:_______) 6 Contributor address; City; State; Zip Code 5 5 BAILEY AVE FTW TX 76/07 9 Employer (See Instructions) 7 Amount of contribution (\$) 250:00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) HALFF A SSOC. - STATE PAC Contributor address; City; State; Zip Code 1201 N. BOWSER AD RICHARDSON, TX 75081 Amount of contribution (\$) 500,00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 08/09/17 GERALD HADDOCK Contributor address; City; State; Zip Code 500 MAIN STREET FTWTX 76/02 500 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor OB/25/17 PAUL & MEUSSA HUNTER Contributor address; City; State; Zip Code P.O. BOX 470243 FTW TX 76147 Amount of contribution (\$) 250.00 Employer (See Instructions) Principal occupation / Job title (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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	FRUS 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 6 Contributor address; City; State; Zip Code 436 HALTOM RD FTW TX 76117	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (ID#:) ### AND AND Contributor address; City; State; Zip Code 3321 RYAN AVE FTW TX 76116	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 08/16/17	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructi	ions)
Date 08/16/17	Full name of contributor out-of-state PAC (ID#:) HEATHER PHILLIPS Contributor address; City; State; Zip Code FTW TX	Amount of contribution (\$)
Principal occupa	pation / Job title (See Instructions) Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	CAKUS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/17 8 Principal occidents	5 Full name of contributor out-of-state PAC (ID#:) R - DENNY ALEX HNDER 6 Contributor address; City; State; Zip Code 4200 S. HULEWST FTWTX 76109 Dal occupation / Job title (See Instructions) 9 Employer (See Instructions)		7 Amount of contribution (\$) 250 ° 20
	Full name of contributor out-of-state PAG JO HICKMAN Contributor address; City; State 2125 FOUNTAIN SQUARE pation / Job title (See Instructions)	e: Zip Code	
	Full name of contributor out-of-state PAC JERRY COWATSER Contributor address; City; State; 6716 SAINT ANDLEWS RD. pation / Job title (See Instructions)	Zip Code FTW TX 7613 Z Employer (See Instruction	
Date 08/14/17		Zip Code	Amount of contribution (\$) 500.26
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction BUSINESS	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CARUS E. FLORES	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 250 ' 26
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Busine	etions) ESL OWNER
Date Full name of contributor out-of-state PAC (ID#:) SUSHW SMITTH	Amount of contribution (\$)
SUSHW SMITH Contributor address; City; State; Zip Code 7736 FM 428 PENTON TX 76208	500'00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) CHRIS GAVRAS Contributor address; City; State; Zip Code 1301 THROCK MORTON ST. FTW TX 76102	Amount of contribution (\$) 250 100
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) SANDLA McGLOTHLY Contributor address; City; State; Zip Code 5301 SWNAUEY AR. FTW TX 76119	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) PUSIWE	ons) CLL OWNER
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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 MANAEDNEWT, FAC. 6 Contributor address; City; State; Zip Code 4374 GARLAND AR. HACTOM CITY, TX 76/17	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (ID#:) KAY GRANGER CAMPAIGN FUND Contributor address; City; State; Zip Code 17 01 RIVER RUN PTW TX - 76107	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) CONGNES	tions) SL NOMAN
	Full name of contributor out-of-state PAC (ID#:	
Filholpai occup	Dation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 08/16/17	Full name of contributor out-of-state PAC (ID#:) FRANCIS MCCARTHY Contributor address; City; State; Zip Code 1208 W MAGNOWA FTW TX 76104	Amount of contribution (\$)
Principal occupa	eation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE	

MONE	TARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete th	ils form.	1 Total pages Schedule A1:
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 GALINOG 6 Contributor address; City; State; Zip Code 600 FORT WORTH CLUB FTW TX 76/02		7 Amount of contribution (\$) 500 00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		AC (ID#:)	Amount of contribution (\$)
08/16/17	WILLIAM MEADONS Contributor address; City; State Cal RIVERCREST DR. FTW	TX 76107	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/78/17	Full name of contributor ut-of-state PA OUT LAW HOME Contributor address; City; State 204 W. CENTRAL AVE. 7	c (ID#:) e; Zip Code -TW TX 76164	Amount of contribution (\$) 250 ' 48
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 18/20/17	FUII name of contributor out-of-state PACE FRANK PENA Contributor address; City; State 4420 FIESTA CIRCLE E. F.		Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED
	If contributor is out-of-state PAC, please see instru		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CARLES E. FLORES	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) H. D. PAKER 6 Contributor address; City; State; Zip Code 121 E. EXCHANGE AVE. FTW TX 7616 4	7 Amount of contribution (\$) 500 : Co
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/25/17 OEFF DAVIS Contributor address; City; State; Zip Code 2325 MISTLETOE DR. FTW TX 76110	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTY.	ions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) D8/22/17 Contributor address; City; State; Zip Code 4710 DEXTER FTW TX 76107	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CARIOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
08/16/17	TY WILLIAMS 6 Contributor address; City; State; Zip Code 662 MAY ST. FTW TX 76164	50.00
8 Principal occu	upation / Job title (See Instructions) REALTOR 9 Employer (See Instruc	l xtions)
Date	Full name of contributor	Amount of contribution (\$)
08/15/17	Contributor address; City; State; Zip Code 4456 OAK PARK LAWE FTW TX 76109	100,00
Principal occup	pation / Job title (See Instructions) REALTOR / DIST. DIRECTOR Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
08/10/17	MARTHA LEONARD Contributor address; City; State; Zip Code 14115 MADY OAKS LAWE FTW TX 76107	150,00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
08/09/17	Contributor address; City; State; Zip Code 608 PAINT PONY TRL FTW TX 76108	500.00
	pation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re	

SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 07/05/17	5 Payee name FERNANDO RAGA CATE	RING	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
250.00	FW TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CTY Cou NCIL DIST Z	
07/11/17	Payee name MARIO PEREZ			
Amount (\$) 1500 · 00	Payee address; City; State; Zip Code 2744 57H AVE, FTW TX)		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	CARIOS E. FLORES		CITY COUNCIL DIST 2	
08/07/17	Payee name ROXSTAR MARKETING			
Amount (\$)	Payee address; City; State; Zip Code			
350.00	FTW TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CAROS E. FLORES	Office sought	Office held CITY COUNCIL DIST 2	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee 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 tate 09/05/17 5 Payee name MURPHY NASICA & ASSOCIATES nount (\$) 7 Payee address; City; State; Zip Code 10000,00 815-A BRAZOS ST. AUSTIN TX 78701 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense CONSULTING EXPENSE EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL DIST Z CARLOS E .FLORES Payee name 09/05/17 SAM'S CLUB City; State; Zip Code Payee address; Amount (\$) 6760 WESTWORTH BLUD WESTWORTH VILLAGE, TX 76114 5.82 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE ___ Check if Austin, TX, officeholder living expense EVENT EXPENSE Office held Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH CARLOS E. FLORES CMY COUNCIL DIST Z Pavee name Date 11/06/17 ROXSTAR MARKETING Amount (\$) City; State; Zip Code Payee address; 350.00 FTW TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE SALARIES/WAGES/CONTRACT LABOR Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL DIST 2 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES 5 Payee name 4 Date 09/06/17 SAM'S CLUB City; State; Zip Code 6 Amount (\$) 6760 WESTWOOTH BLND WESTWOOTH VILLAGE, TX 76114 13.42 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE EVENT EXPENSE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL DIST Z 09/07/17 SIGNS BY TOMORROW City; State; Zip Code Amount (\$) 3509 NM LOOP 820 FTW TX 76106 68.96 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE PRINTING EXPENSE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CHYCOUNCIL DIST 7 Payee name 09/11/17 MARIO PEREZ Amount (\$) City; State; Zip Code 6000.00 2744 5TH AVE FTW TX 76110 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense LOAN REPAYMENT/REIMBURGEMENT EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CITY COUNCIL DIST Z CARLOS E. FLORES

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees (Food/Beverage Expense F By Gift/Awards/Memorials Expense F	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)
.			0 E1 12 (E1): 0
1 Total pages Schedule F1	CARWS E, FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/17	5 Payee name FORT WORTH POLICE	& FIRE MEMORIA	AL
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
15.00	FTW TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name CARUS E. FLORES	Office sought	Office held C MY COUNCIL PIST 2
Date	Payee name		
09/21/17	LAUREN DOCS ETC.		
Amount (\$)	Payee address; City; State; Zip 0	Code	
275.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	CARLOS E. FLORES		CHY COUNCIL DISTZ
Date	Payee name		The Laboratory of the Control of the
09/27/17	ROUND ONE BOXING	'r	
Amount (\$)	Payee address; City; State; Zip C	Code	
150.00	3952 WOSLEY DR. FTW	TX 76133	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARIOS E. FURES	Office sought	Office held CITY COUNCIL DIST 2
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Travel Out Of District

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense 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 4 Date | 5 Payee name | 10/05/17 | RACHEL DELIRA | 6 Amount (\$) | 7 Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST, TX 76053 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE MAGES/CONTRACT LABOR Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Office sought CARLOS E. FLORES CITY COUNCIL DIST 2 Pavee name 09/05/17 Amount (\$) JOSE ROMERO Payee address; City; State; Zip Code 198.53 2201 E MASSOX FTW TX 76104 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense EVENT EXPENSE Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL DIST Z Date AMIGOS IN BUSINESS 09/05/17 Amount (\$) Payee address; City; State; Zip Code 75,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE ADVERTISING EXPENSE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL DIST Z

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARUS E. FLORES 5 Payee name ate | 5 Payee name | SERGIO DELEON CAMPAIGN | To Payee address; City; State; Zip Code P.O. BOX 470743 FTW TX 76147 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense CONTRIBUTION/DONATION Office sought 9 Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL PISTZ HARLAND CLARKE 11/14/17 Amount (\$) City; State; Zip Code 4747 ELANCASTER AVE FIN TX 76103 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL DIST > Payee name 11/14/17 HARLAND CLARKE Amount (\$) City; State; Zip Code 4947 E LANCASTER AUE FTW TX 76103 20.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense FEES EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL DISTZ

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES 5 Payee name ROXSTAR MARKETING 350.00 FTW TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** SALAPIES/WAGES/CONTRACT LABUR Candidate / Officeholder name CARUS E. FLORES Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH CITYCOUNCIL DIST Z Payee name 12/21/17 CAPITAL GRILLE City; State; Zip Code 212.31 800 MAIN ST. FTW TX 76102 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense FOOD/BEVERAGE EXPENSE **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARIOS E. FLURES CITY COUNCIL DIST Z Payee name 12/21/17 HONBUN VIDEO Amount (\$) City; State; Zip Code Payee address; 45.00 FTW TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense EVENT EXPENSE

Candidate / Officeholder name

CARLOS E. FLORES

Office held

CITY COUNCIL DISTZ

Complete ONLY if direct expenditure to benefit C/OH Office sought

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/17	5 Payee name WAL-MART		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
21.65	2245 JACKSBORO HWY.	FTW TX	76114
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLORES		CITY COUNCIL PISTZ
Date	Payee name		
12/26/17	WAL-MART		
Amount (\$)	Payee address; City; State; Zip Code		
9.97	2245 JACKSBORD HWY. F.	TW TX 76	114
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			side of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD BEVERAGE/EXPENSE	L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	CALLOS E. FLORES		CHY COUNCIL DIST Z
Date	Payee name		
	ŕ		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
	i		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE (CATEGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	al Committee Legal Services	Office Overhead Polling Expense ense Printing Expens Salaries/Wages	e /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 compl	lete this form.	
1 Total pages Schedule F2:	2 FILER NAME CARLOS E. F	LORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IZED UNPAID INCURRED	OBLIGATIONS		\$ 1326.9-95
5 Date 06/06/17	6 Payee name MURPHY WASI	CA		
7 Amount (\$)		State; Zip Code		
4919.95	815A BRAZOS AU SUITE 304		8701	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the	top of this schedule)	(b) Descriptio	п
PURPOSE OF EXPENDITURE	PRINTING EX	_	Checkift	travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder nar		sought	Office held CMY COUNCIL OST Z
06/08/17	Payee name MURPHY NAS	SICA		
Amouht (\$)	AITA DAMA	State; Zip Code STIN TX 78	701	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	,		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan		_	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHE	DULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Event Expense Lo Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F2:	2 FILER NAME CARLOS E. FLORES	5	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGAT		\$ 13269.95
Date 06/19/17	6 Payee name MURPHY NASICA		1
Amount (\$) 6 000 .00	8 Payee address; City; State; Zip 8/5A BRAZOS A USTIN SulTE 304		
TYPE OF EXPENDITURE		lon-Political	
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho	Check if	OTI travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARUS E. FLORES	Office sought	Office held CITY COUNCIL DIST 2
Date 12/20/17	Payee name MARIO PEREZ		
Amount (\$)	Payee address; City; State; Zip (
TYPE OF EXPENDITURE	Political	on-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if	rn travel outside of Texas. Complete Schedule T. I Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARIOS E. FLORES	Office sought	Office held CITY COUNCIL DIST
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEI	EDED

SCHEDULE !

	The Instruction Guide explains how to comp	lete this form.	
1 Total pages Schedule I	1: 2 FILER NAME CAR to S E . FLORES 3 Filer ID (Ethics Commission Filer		
4 Date 07/05/17	5 Payee name FERNANDO'S CATERIN	G / NORTH SI	DEHS SPONSOR
6 Amount (\$) /25 · <u>00</u>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	(b) Description (See in required.)	structions regarding type of information
Date 08/28/17	Payee name NORTH SIDE SENIOR CE	NTER	
Amount (\$) 20.00	Payee address; City; State; Zip Code 1100 NW 18 TH ST. FTW 7	x 76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See in required.)	structions regarding type of information
Date 11/15/17	Payee name ALL SAINTS CATHOLIC	SCHOOL	
170,00	Payee address; City; State; Zip Code 24 NW 26 TH ST. FTW TX	76164	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION	Description (See in: required.)	structions regarding type of information
Date 11/29/17	Payee name USS FORT WORTH SUPPO	RT COMM	UNITIES
Amount (\$) 1000 • 90	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION	Description (See ins	structions regarding type of information

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SCHEDULE |

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I	2 FILER NAME CARLOS E, FLORES (Ethics Commission Filers
4 Date 16/19/17	5 Payee name NORTH SIDE HS LEGACY FOUNDATION
6 Amount (\$)	7 Payee address; City; State; Zip Code
100,00	P.O. BOX 4181 FTW TX 76164
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)
Date 10/20/17	Payee name ALL SAINTS KNIGHTS OF COLUMBUS
Amount (\$)	Payee address; City; State; Zip Code
150.00	FTW TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)
Date 10/26/17	Payee name RONALD McDONALD HOUSE
Amount (\$)	Payee address; City; State; Zip Code
100.00	1001 8TH AVE. FTW TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION DONATION
Date /0/25/17	Payee name JUNTOS SE PUEDE
Amount (\$) 150.00	Payee address; City; State; Zip Code 2621 NW 297H ST. FTW TX 76106
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION

SCHEDULE !

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule	1: 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 (\$)	7 Payee address; City; State; Zip Code	
50.00	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 (\$)	Payee address; City; State; Zip Code	
200.00	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 CATHOL	IC CHURCH
Amount (\$) 260.00	Payee address; City; State; Zip Code 214 NW 20 TH 5T. 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 SOCI	ETY
Amount (\$)	Payee address; City; State; Zip Code	
100.00	P.O. BOX 17417 FTW TX 761	102
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.)

SCHEDULE |

	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule I	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/17	5 Payee name UNITED COMMUNITY C	ENTERS, INC.
6 Amount (\$)	7 Payee address; City; State; Zip Code 1200 E. MADDOX AVE. FTW	TX 76104
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION / PONATION	(b) 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.)
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.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED