CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	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 CARUS NICKNAME LAST FLORES	MI E. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; CO H415 CIRCLE PARK BLVD. AREA CODE PHONE NUMBER () MS / MRS / M	FORT WORTH TX 76164 EXTENSION MI SUFFIX	Pate Hand-delivered or Date Postmarked Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	BAINTER STREET ADDRESS (NO PO BOX PLEASE): APT / SL GECCO PRIVE	UITE #; CITY; STATE; FORT WORTH	ZIP CODE 76179
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (682) 365 - 3536	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 /01 / 2018	THROUGH 12 /	Day Year / 31 / 2018
11 ELECTION	BLECTION DATE Month Day Year Primary 05/04/19 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DISTRICT 2	The state of the s	OUNCIL STRICT 2
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CARLOS	E. FLORES	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16135.83
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 1015.00 \$ 11499.68
	4. TOTAL	POLITICAL EXPENDITURES	\$ 11 499. <u>68</u>
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 AY OF THE REPORTING PERIOD	* Ø
18 AFFIDAVIT		The state of the s	-
My Co	EPHANIE MILLS ommission Expires March 9, 2019	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder
AFFIX NOTARY STAMI			111
Sworn to and subscribed day of		by the said <u>Carlos</u> <u>Flores</u> to certify which, witness my hand and seal of office.	, this the
Suphany A Signature of officer a	hW dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
	CARLOS E. FLORES		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13700°°° \$ 2435.83
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2435.83
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 11022 · 34 \$ 11980 · 14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 11980.14
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 FUI	NDS	s 477. <u>34</u>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2218.89
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

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) CANLOS E. FLORES 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) H. DENNIS HOPKINS 500 :00 07/18/18 6 Contributor address; City; State; Zip Code 3014 PITKIN DL. ARUNGTON TX 78006 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) LAN-PAC 250.00 Contributor address; 07/20/18 City; State; Zip Code 2928 BRIARPARK DR. HOUSTON TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 09/10/18 2500.00 Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN TX 78780 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTYS Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ DON JURY 1500.00 10/10/18 Contributor address; City; State; Zip Code FORTWORTH TX 76117 488 HALTOM RD Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	us E. Flores		3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
11/28/18	H.B. BAKER 6 Contributor address; City; State 121 E. EXCHANGE AVE. FORTI	1	1500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
09/27/18	Contributor address: City; Sta	te; Zip Code TH TX 76/16	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA PAC ~ PACHECO KOCH	NC (ID#:)	Amount of contribution (\$)
09/17/18	, ,	e; Zip Code As 7% 75231	500 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA BARNEY \$\frac{1}{2} ELIZABETH HOWAY		Amount of contribution (\$)
09/11/18	Contributor address; City; State 1301 THROCKMORTON ST. FURT	re; Zip Code NORTH TX 76/02	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) HAMMER AND NAILS CLUB - CANDIDATE Contributor address; City; State; Zip Code 09/12/18 500,00 100 E.16TH STREET FORTWORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) CHRIS GAVRAS 10/08/18 Contributor address; City: State: Zip Code 1301 THROCK MORTON ST FORT WORTH TX 76102 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTY Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) THELMA BOX Contributor address; City; State; Zip Code 513 TURNER BLVD. GRAND PRAIRIE TX 75060 09/12/18 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEER 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 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) LONGBOW CONSULTING PARTNERS LLC 6 Contributor address; City; State; Zip Code 616 CONGRESS AVE ANSTIN TX 78701 09/12/18 25000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 250.00 4702 MASHBURN AVE. FORTWORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) EXECUTIVE PIRECTOR Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) WILLIAMS MEADOWS 09/12/18 Contributor address; City; State; Zip Code 200:00 121 RIVERCREST DRIVE FORT WORTH TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____) Amount of contribution (\$) CAROLINE M. DULLE 09/12/18 Contributor address; City; State; Zip Code 1217 CLOVER LN. FORTWORTH TX 76/07 200:00 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 7 Amount of contribution (\$) SYLVIA FLORES 6 Contributor address; City; State; Zip Code 1007 PARK AVENUE FORT WORTH TX 7164 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) JUAN PEREZ 12/31/18 Contributor address; City; State: Zip Code 9105 CLIFFSIDE DR. CEDAR HILL TX 75104 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) RETTRED Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) MARK PRESSWOOD 09/13/18 Contributor address; City; State; Zip Code 100.00 2940 MISTYS RUN FORT WORTH TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) PRESIDENT SELF out-of-state PAC (ID#:____ Date Amount of contribution (\$) BOURLAND, WALL & WENZEL, P.C. 09/12/18 Contributor address; City; State; Zip Code 301 COMMERCE STREET FORT WORTH TX 7 6102 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTYS. 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 Amount of contribution (\$) 09/12/18 BOB MADEJA 6 Contributor address; City; State; Zip Code A.O. BOX 471285 FURT WORTH TX 76147 100:00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CONSTRUCTION SELF Full name of contributor ____ out-of-state PAC (ID#:_____ Amount of contribution (\$) ANAEL LUEBANOS CAMPAIGN O9/12/18 Contributor address; City; State; Zip Code 50.00 3321 RYAN AVENUE FORT WORTH TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) ACCOUNTANT Full name of contributor ____ out-of-state_PAC (ID#:_____ Date Amount of contribution (\$) RICHARD ABRAMS 09/05/18 Contributor address; City; State; Zip Code 500.00 6145 WEDGWOOD DRIVE FORT WORTH TX 76138 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF Date ut-of-state PAC (ID#:____ Amount of contribution (\$) 09/10/18 SANDRA McGLOTHLIN/ Contributor address; City; State; Zip Code 500.00 5301 SUN VAUEY DRIVE FORTWORTH TX 76/19 tion / lob title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 (\$) MARCO FLORES 69/12/18 6 Contributor address; City; State; Zip Code 250.00 50 33 CAMP BOWIE FORT WORTH TX 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) SELF Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) ALFRED SAENZ Contributor address; City; State: Zip Code 250 00 Contributor address; 407 THROCKMORTON ST. FORT WORTH TX 46103 Employer (See Instructions) Principal occupation / Job title (See Instructions) PRESIDENT SELF Full name of contributor __ out-of-state PAC (ID#:____ PRETLOW RIADICK Date Amount of contribution (\$) Contributor address; City; State; Zip Code 250.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF Date out-of-state PAC (ID#:_ Amount of contribution (\$) Full name of contributor. REED PIGMAN Contributor address; City; State; Zip Code 200 TEXAS WAY FORT WORTH TX 76106 09/19/18 1000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) SELF PRESIDENT ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
09/26/18 6	Full name of contributor out-of-state PAC (ID#:) TUSTIN C/GHT Contributor address; City; State; Zip Code 6/16 KENWICK AVE. Foat Worth TX 76/1	7 Amount of contribution (\$) 250.00
8 Principal occupat	tion / Job title (See Instructions) 9 Employer (See Instru ATTY	ictions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occupation	ion / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state_PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation	ion / Job title (See Instructions) Employer (See Instru	ictions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

		7.0.04	
T	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2435. <u>83</u>
5 Date	6 Full name of contributor out-of-state PAC (ID#:	de 760 <i>53</i>	8 Amount of 9 In-kind contribution Contribution \$ description 2435.83 Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	P/RECTOR s principal occupation (FOR JUDICIAL)	12 Contribu	SELF utor's job title (FOR JUDICIAL) (See Instructions)
12 Contributor	Spinispar desapation (Cort addition to)	13 00111100	and a job time (i off debiently) (and included only)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of . In-kind contribution Contribution \$. description
-	Contributor address; City; State; Zip Co		
			Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c		(enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS G. FLANES	3 File	er ID (Ethics Commission Filers)
4 Date 07/18/18	5 Payee name ROXSTAR MARKETING		
6 Amount (\$) 350 - 92	7 Payee address; City; State; Zip Code P.O. BOX 162253 Favet Was 7.	H TX 76161	,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		exas. Complete Schedule T. iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
Date 07/19/18	Payee name MURPHY NASICA		
Amount (\$) 1500 - 00	Payee address; City; State; Zip Code 8/5-A BRAZOS FORT WORT	H TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description Check if travel outside of Te Check if Austin, TX, offi	•
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E . FLOR	Office sought	Office held CITY COUNCIL
Date 08/17/18	Payee name RACHEL DELIRA		
Amount (\$) 75.00	Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURS	T TX 76053	3
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEEC	Description Check if travel outside of Te	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARUS E. FLORES	Office sought	Office held CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	and the second s

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E - FLORE	3 Filer ID (Ethics Commission Filers)
4 Date 08/09/18	5 Payee name MARIO PEREZ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4650.00	5TH AVE FORT WORTH	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PRINTING EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARLOS E - FLOTA	Office sought Office held CITY COUNCIL
Date	Payee name	
08/13/18	THE KNIGHTS OF COLL	IMBUS COUNCIL # 16258
Amount (\$)	Payee address; City; State; Zip Code	
100.00	4100 BLUE MOUND RD	FORT WORTH TX 76106
PURPOSE OF EXPENDITURE	CoNTRIBUTION / DONATION	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Consoliste ONDV if diseast	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OF		CITY COUNCIL
Date	Payee name	
08/15/18	MARIACHI ESPUE	LAS DE PLATA
Amount (\$)	Payee address; City; State; Zip Code	The state of the s
150.00	FORT	WORTH TX 76164
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION/DONATION	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLORES	CITY COUNCIL
10.00	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

www.ethics.state.tx.us

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLONES	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/18	5 Payee name RA FAEL	•
6 Amount (\$)	7 Payee address; City; State; Zip Code	
100.00	214 NW DOTH STREET FORT I	WORTH TX 76164
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION / DONATION	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CAR LOS E. FLARES	Office sought Office held C/TY COUNCIL
Date	Payee name	
09/19/18	CARIOS E. FLORES	
Amount (\$)	Payee address; City; State; Zip Code	
137.34	1415 CIRCLE PARK BL	VO. FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (Sec Categories listed at the top of this schedule) LUAN REPAYMENT / REIMBURSEMEN	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	•	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	LOAN REPAYMENT REIMBURSEMEN Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	CARLOS E. FLORES	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OFDate 08/17/18 Amount (\$)	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL
Complete ONLY if direct expenditure to benefit C/OFDate 08/17/18 Amount (\$)	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL THE TAY 76161 Description
Complete ONLY if direct expenditure to benefit C/OFDate 08/17/18 Amount (\$)	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code P.O. BOX 162253 FORT WOR	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OFDate 08/17/18 Amount (\$) 350	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code P.O. BOX 162253 FORT WOR	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL THE TAY 76161 Description
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/17/18 Amount (\$) 350 - 00 PURPOSE OF	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code P.O. BOX 162253 FORT WOR	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OFD Date 08/17/18 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code P.O. BOX 62253 FORT WOR Category (See Categories listed at the top of this schedule) FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL THE TOTAL TOTAL Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OFDate 08/17/18 Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name CARLOS E. FLORES Payee name ROX STAR MARKETING Payee address; City; State; Zip Code P.O. BOX 62253 FORT WOR Category (See Categories listed at the top of this schedule) FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL THE TOTAL TOTAL COUNCIL Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
⁴ Date 08/20/18	5 Payee name CARLOS E . FLORE	5
6 Amount (\$)	7 Payee address; City; State; Zip Code	- 21.//
300.00	1415 CIRCLE PARK BLVD. F	ORT WORTH TX 76164
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	1 228 2-2212-15	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	LOAN REPAYMENT/	Check if Austin, TX, officeholder living expense
	REIMBURSEMENT	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date	Payee name	
09/06/18	CARLOS E. FLORES	
Amount (\$)	Payee address; City; State; Zip Code	
40.00	1415 CIRCLE PARK BLVD.	FORT WORTH TX 76164
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	LOAN REPAYMENT /REIMBURSE- MENT	L Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLOR	cts CITY COUNCIL
Date	Payee name	
08/06/18	MARIA HURTADO /	ARNOLDO HURTADO
Amount (\$)	Payee address; City; State; Zip Code	
180.00	FORT	WORTH TX 76164
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	0 - 0 - 111	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	CONTRIBUTION DONATION	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oh	CARLOS E. FLORES	CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/18	5 Payee name RACHEL DELIRA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
85.00	3208 RIVERLAKES DR. HURS	T TX 76053
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARIOS E - FLORES	Office sought Office held CITY COUNCIL
Date	Payee name	
09/10/18	ROXSTAR MARKETING	_
Amount (\$)	Payee address; City; State; Zip Code	
350.00	P.O. BOX 162253 FORT WORTH	TX 76161
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	
OF	FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct	FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	FEES Candidate / Officeholder name CARLOS E. FLORES	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 09/17/18	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 09/17/18 Amount (\$)	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL TX 76053 Description
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/17/18 Amount (\$) 125:00	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST,	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held CITY COUNCIL TX 76053 Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/17/18 Amount (\$) 125:20	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST,	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought CITY COUNCIL TX 76053 Description
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 09/17/18 Amount (\$) 125:20 PURPOSE OF	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST, Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held CITY COUNCIL TX 76053 Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 09/17/18 Amount (\$) 125:20 PURPOSE OF	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST, Category (See Categories listed at the top of this schedule) FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held CITY COUNCIL TX 76053 Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/17/18 Amount (\$) 125:00 PURPOSE OF EXPENDITURE	Candidate / Officeholder name CARLOS E. FLORES Payee name RACHEL DELIRA Payee address; City; State; Zip Code 3208 RIVERLAKES DR. HURST, Category (See Categories listed at the top of this schedule) FEES Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held CITY COUNCIL TX 76053 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Traver Out Or District
opening to the second s	delication delica explaine her to complete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers)
4 Date 11/15/18	5 Payee name RAMON ROMERO CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
175.00	P.O. BOX 181 FORT WORTH TX 76101
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION/PONATION Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held CARLOS E. FLORES CITY COUNCIL
Date	Payee name
11/28/18	ANAEL LUEBANOS CAMPAIEN
Amount (\$)	Payee address; City; State; Zip Code
100.00	FORT WORTH TX 76101
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	CONTRIBUTION DONATION Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLORES CITY CONNCIL
Date	Payee name
11/19/18	TOBI JACKSON CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
100.00	FORT WORTH TX
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION DONATION Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/18	5 Payee name RACHEL DELIRA	
6 Amount (\$) 50 · 00	7 Payee address; City; State; Zip Code 3 208 RIVER LAKES DR. HURS	ST TX 76053
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (5)	b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E - FLORES	Office sought Office held CITY COUNCIL
Date 10/10/18	Payee name ROX STAR MARKETME	6
Amount (\$) 350 : 00	Payee address; City; State; Zip Code P.O. BOX 162253 FORT	WORTH TX 76161
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date /1 //8 / 18	Payee name RACHEL DELIRA	
Amount (\$) 50 '00	Payee address; City; State; Zip Code 3 2 08 RIVERLAKES DR. Hu.	est TX 76053
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 5 Payee name RACHEL DELIKA 6 Amount (\$) 7 Payee address: City: State; Zip Code 3708 RIVERLAKES DR. HURST TX 76053 65.00 (b) Description 8 (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** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct CARLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH Payee name 11/18/18 ROXSTAR MARKETING P.O. BOX 162253 FORT WORTH TX 76161 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense FEES **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL Payee name FACEBOOK PAYMENTS, INC 11/27/18 Amount (\$) Payee address; City; State; Zip Code 75.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense FEES **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct CARLOS E. FLORES expenditure to benefit C/OH CITY COUNCIL

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations 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

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLO		3 Filer ID (Ethics Commission Filers)
11/27/18	5 Payee name PACE BOOK PAYME	WTS, INC.	
6 Amount (\$)	7 Payee address; City; State; Zip Code		The standard of the standard o
50.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ide of Texas, Complete Schedule T.
PURPOSE OF	5-6		TX, officeholder living expense
EXPENDITURE	fees.		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E - FLRES	Office sought	Office held
experientare to benefit oron	CHRISE : 10.00		CITY COUNCIL
Date	Payee name		
11/27/18	FACEBOOK PAYN	NENTS, IN	IC.
Amount (\$)	Payee address; City; State; Zip Code		The state of the s
50-00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	FEES		de of Texas, Complete Schedule T. TX, officeholder living expense
EXPENDITURE	7 203		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLORES		CITYCOLINCIL
Date	Payee name		
12/06/18	RACHEL DELIRA		
Amount (\$)	Payee address; City; State; Zip Code	1	
215.00	3208 RIVERLAKES DR. H	turst TX	76053
DUDD C	Category (See Categories listed at the top of this schedule)	Description Charlet traval autoi	de of Texas. Complete Schedule T.
PURPOSE OF	_		ge of rexas. Complete Schedule 1. FX, officeholder living expense
EXPENDITURE	FEES		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLORES		CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLOR	3 Filer ID (Ethics Commission Filers)	
4 Date 12/07/18	5 Payee name PAYMENT TO F	B FUNDRAISER	
6 Amount (\$) 75.∞	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E . FLORES	Office sought CITY COUNC	1
Date 12/11/18	Payee name RIXSTAR MARKETING	6,	
Amount (\$) 350.00	Payee address; City; State; Zip Code P. O. BOX 162253 FOOT WOR	TH TX 76161	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	CARLOS E. FLORES	Office sought Office held CITY COUNCIL	-
12/10/18	Payee name RACHEL DELIRA		
Amount (\$) 125.00	Payee address; City; State; Zip Code 3208 RIVERLAKES DR.	HURST TX 76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CATY COUNCI	1
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Waras/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORE	3 Filer ID (Ethics Commission Filers)
1 2/18/18	5 Payee name ROX STAR MA	RKETING
6 Amount (\$)	7 Payee address; City; State; Zip Code	
350 :00	P.O. BOX 162253 FORT	-WORTH TX 76161
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARUS E- FLORES	Office sought Office held Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) .	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<u> </u>	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	Fees Office Over Food/Beverage Expense Polling Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made B Candidate/Officeholder/Politica		pense ages/ContractLabor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F2:	2 FILER NAME CARLOS E. FL	ORES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION:	S	\$ 11980'44
5 Date 12/14/18	6 Payee name MAIRA GALLE	605	
7 Amount (\$)	8 Payee address; City; State; Zip Code		
44 . 24	FORTU	ORTH T	χ
9 TYPE OF EXPENDITURE	Political Non-Pol	itical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on
PURPOSE	- ,		f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD/BEVERAGE EXPENS	SE Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh		ffice sought	Office held
	CARLOS E. FLORE	ES	CITY COUNCIL
Date 12/14/18	Payee name MAIRA GALLEG	05'	
Amount (\$)	Payee address; City; State; Zip Code		
170-99	FORT WOR	TH TX	
TYPE OF EXPENDITURE	Political Non-Po	litical	
	Category (See Categories listed at the top of this schedule)	Descripti	
PURPOSE		1	f travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	FOOD BEVERAGE EXPEN	USE Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ffice sought	Office held
	CARLOS E. FLORES		CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
	Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
	Contributions/Donations Made B	•	Printing Expense	Travel Out Of District
	Candidate/Officeholder/Politica	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
		The Instruction Guide explain	ns how to complete this form.	
1	Total pages Cabadala 50	2 ELLED NAME		2 Files ID (Ethias Commission Filess)
•	Total pages Schedule F2:	CARLOS E.	FIME	3 Filer ID (Ethics Commission Filers)
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4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLI	GATIONS	\$ 11980.44
				71 100
5	Date	6 Payee name		
	06/19/17	MURPHY NA	CICA	
	00/11/17	WARPITT TOT	3/CH	
7	Amount (\$)	8 Payee address; City; State;	Zip Code	
			4	
	6000.00	915-A BRAZOS S	T AUSTIN 1	-x +8701
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9	TYPE OF		¬	
	EXPENDITURE	Political	Non-Political	
10)	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	n
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	PURPOSE		Check if t	ravel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	FEES	Check if	Austin, TX, officeholder living expense
	EXPENDITORE	1003		The state of the s
-4-4			- Andrews	
77	Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
	expenditure to benefit C/OF			
		CARLOSE	FLORES	CITY COUNCIL
	Data	Payee name		
	06/06/17		1 1	
	00/00/17	MURPHY NA	FS ICA	
	Amount (\$)			
	Amount (\$)	Payee address; City; State;	Zip Gode	
	1110 95	1 - 1		
	4919.85	815-A BRAZOS S	T AUSTIN	1X 78701
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	TYPE OF			
	EXPENDITURE	Political	Non-Political	
	EXI ENDITORE	<u></u>		
		Cottonery (Ov. Ov.	is schedule) Descriptio	n
		Category (See Categories listed at the top of th		
	PURPOSE		Check if t	ravel outside of Texas. Complete Schedule T.
	OF	- -	Check if	Austin, TX, officeholder living expense
	EXPENDITURE	TEES.		
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	Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
	expenditure to benefit C/OH		_	
		CARLOS E.	FLAREC	CITY COUNCIL
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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/Politica	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F2:	2 FILER NAME (ARLOS E. FLORES 3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATIONS \$ 1/980 · 44
5	Date 12/14/18	6 Payee name MARIO PEREZ
7	Amount (\$)	8 Payee address; City; State; Zip Code
	845,26	5TH AVENUE FORT WORTH TX
9	TYPE OF EXPENDITURE	Political Non-Political
10	***	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	PRINTING EXPENSE Check if Austin, TX. officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CARLOS E. FLORES CITY COUNCIL
	Date	Payee name
	Amount (\$)	Payee address; City; State; Zip Code
	TYPE OF EXPENDITURE	Political Non-Political
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment			Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	OARLOS E. FLORES	;	3 Filer ID (Ethics Commission Filers)
4 Date /20/18	5 Payee name DIAMOND HILL JARVIS - SCI	400L SUPPLY	DRIVE
Amount (\$) 300 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1411 MAYDELL STREET F	BRT WORTH TO	X 76106
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION		of Texas. Complete Schedule T. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name CARLOS E - FLORES	Office sought	Office held CITY COUNCIL
Date 09/06/18	Payee name JIMMY JOHNS		
Amount (\$) 40 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 150 THROCK MORTON For	RT WORTH TO	X 7610Z
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name CARLOS E. FL	Office sought	Office held CITY COUNCIL
Date 09/19/18	Payee name ESPERANZA 'S		
Amount (\$) 137.34 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2/22 N; MAIN STREET	FORT WORTH	4 TX 76164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name CARLOS E . FLORES	Office sought	Office held CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

SCHEDULE |

	The Instruction Guide explains how to comp	elete this form.
1 Total pages Schedule I	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/21/18	5 Payee name GIRLS TMC, OF TARR	LANT CONNTY
6 Amount (\$) 50 , 00	7 Payee address; City; State; Zip Code 1226 E. WEATHERFORD F	FORT WORTH TX 76102
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	(b) Description (See instructions regarding type of information required.) NORTH TEXAS 61VING DAY
Date 09/21/18	Payee name NORTHSIDE HI6H	LEGACY FOUNDATION
Amount (\$) 50.00	Payee address; City; State; Zip Code	WORTH TX
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION	Description (See instructions regarding type of information required.) NORTH TEXAS GIVING DAY
Date 09/21/18	Payee name FORT WORTH AVIA	TION MUSEUM
Amount (\$)	Payee address; City; State; Zip Code 3300 ROSS AVENUE FOR	T WARTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION/DONATION	Description (See instructions regarding type of information required.) NORTH TEXAS GIWNG DAY
Date 09/21/18	Payee name FORT WORTH HISPANIC	CHAMBER OF COMMERCE
Amount (\$) 50 · 00	Payee address; City; State; Zip Code 1327 N. MAIN STREET FOR	T NORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION	Description (See instructions regarding type of information required.) NORTH TEXAS SIVING DAY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE |

	The Instruction Guide explains how to comp	lete this form.
Total pages Schedule I:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
Date 09/25/18	5 Payee name DIAMOND HILL TARVIS HE	PUTAGE FOUNDATION
300.00	7 Payee address: City; State; Zip Code 1411 MAYDELL STREET	TORT WORTH TX 76106
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION / PONATION	(b) Description (See instructions regarding type of information required.) GOLF TOURNAMENT / HOLE SPON
Date 09/21/18	Payee name READ FORT WORTH	
Amount (\$) 50.00	Payee address; City; State; Zip Code 500 N. MAIN STREET: Fox	2T WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DOWATION	Description (See instructions regarding type of information required.) NORTH TEXAS GIVING DAY
Date 09/21/18	Payee name Boys & GIRLS CLUBS OF	F GREATER FORT WORTH
Amount (\$) 50 · 00	Payee address; City; State; Zip Code 2000 ELLIS AVE FonT	WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.) NORTH TEXAS SIVING DAY
Date 09/21/18	Payee name ALL SAINTS CATHOLI	c ScHOOL
Amount (\$) 166 .00	Payee address; City; State; Zip Code 2006 N. Houston STREET Fo	iET WORTH, TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION	Description (See instructions regarding type of information required.) NORTH TEXAS GIVING BAY

SCHEDULE I

	The Instruction Guide explains how to con	plete this form.
Total pages Schedule I	2 FILER NAME CARLOS E. FLORE.	3 Filer ID (Ethics Commission Filers)
Date 10/31/18	5 Payee name MAIRA GALLEGOS	
Amount (\$) 26.99	7 Payee address; City; State; Zip Code	OATH TX
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) LOAN REPAYMENT / REIMBULSEMEN	(b) Description (See instructions regarding type of information required.) 7 BIG FROG-DIST. 2 POLO SHIRT
Date /1/05/18	Payee name SONIA GODOY	
Amount (\$) 370.00	Payee address; City; State; Zip Code	ath tx
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.) MARIACHI ESPUELAS DE PLATA SAM
Date 11/05/18	Payee name ALL SAINTS CATHOLIC	SCHOOL
Amount (\$)	Payee address; City; State; Zip Code 2006 N. Houston STREET	FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION	Description (See instructions regarding type of information required.) TURKEY BINGO SPONSOR SHIP
Date / 18/18	Payee name FORT WORTH POLICE AT	HLETIC LEAGUE
Amount (\$) /// / 00	Payee address; City; State; Zip Code 505 FELIK STREET FORT	WORTH TX 76115
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 complete this form.
1 Total pages Schedule I	2 FILER NAME CARLOS E. FLORES 3 Filer ID (Ethics Commission Filers)
10/15/18	5 Payee name COPS FOR KIDS
Amount (\$)	7 Payee address; City; State; Zip Code
50.00	2501 PARKVIEW DR. FURT WORTH TX 76102
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	CONTRIBUTION / DONATION FORT WORTH POLICE CHARITY
Date 10/15/18	Payee name NORTHSIDE LEGACY FOUNDATION
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.) CONTRIBUTION DONATION N.S. HIGH SCHOOL SCHOLAR SHIF
Date 10/20/18	Payee name JUNTOS SE PUEDE
Amount (\$) 200 · 00	Payee address; City; State; Zip Code 2621 NW 297H STREET FORT WORTH TX 76106
PURPOSE OF	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)
EXPENDITURE	DONATION/CONTRIBUTION CHARITY SPONGORSHIP
Date /08/18	Payee name MAIRA GALLEGOS
	Payee address; City; State; Zip Code
Amount (\$)	
Amount (\$) 25.00	FORT WONTH TX
Amount (\$) 25.00 PURPOSE OF	Category (See instructions for examples of acceptable categories.) LOAN REPAYMENT/REIMBURSEMENT Description (See instructions regarding type of information required.) DAY OF THE GIRL REGISTRATION

SCHEDULE |

	The Instruction Guide explains how to complete this form.
Total pages Schedule I	2 FILER NAME CARLOS E · FLORES 3 Filer ID (Ethics Commission Filers)
Date 12/03/18	5 Payee name MAIRA GALLEGOS
116.90	7 Payee address; City; State; Zip Code FORT WORTH, TX
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) LOAN PAYMENT/REIMBURSEMENT (b) Description (See instructions regarding type of information required.) REIMBURSEMENT FOR FOOD DINATIONS TO NS/DHJ/TRIETHNICCO
Date 12/07/18	Payee name THE KNIGHTS OF COLUMBUS COUNCIL # 16663
Amount (\$)	Payee address; City; State; Zip Code 214. NW 20TH ST. FORT WENTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION AUSHNTS 601F TOYLNAMENT SOURCE SOURCE CONTRIBUTION DONATION Description (See instructions regarding type of information required.)
Date 12/19/18	Payee name NORTHSIDE SENIORS CENTER
80 · <u>ev</u>	Payee address; City; State; Zip Code 1100 NW 187H ST. Font Worth TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION DONATION HOLIDAY FOOD POWATION
Date 12/31/18	Payee name NORTHSIDE COMMUNITY CENTER
Amount (\$)	Payee address; City; State; Zip Code 1100 NW18TH ST. FORT WORTH TX 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION / DONATION Description (See instructions regarding type of information required.) DONATION