


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: CARLOS MI: E. NICKNAME: LAST: FLORES SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1415 ORACLE PARK BLVD. FT. WORTH TX 76164		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 688 2347 EXTENSION:	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: TOM MI: NICKNAME: LAST: BAINTER SUFFIX:	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SECCO DRIVE FORT WORTH TX 76179		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (682) PHONE NUMBER: 233-1350 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL - DISTRICT 2	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
CARLOS E. FLORES

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

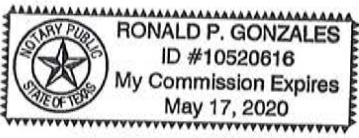
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	∅
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	∅
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	210. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$	4439. ¹⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	17014. ²⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	∅

18 AFFIDAVIT

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.



Carlos E. Flores
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos E. Flores, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Ronald P. Gonzales Notary
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 FILER NAME <i>CARLOS E. FLORES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1879.16</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4439.16</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>10919.95</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1813.21</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3338.21</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1879.¹⁶
5 Date of loan 11/26/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAIRA GALLEGOS	9 Loan Amount (\$) 500.⁰⁰
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR		13 Employer (See Instructions) CITY OF FORT WORTH
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 11/26/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAIRA GALLEGOS	Loan Amount (\$) 249.¹⁵
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR		Employer (See Instructions) CITY OF FORT WORTH
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1879.16
5 Date of loan 12/09/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAIRA GALLEGOS	9 Loan Amount (\$) 154.94
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) DISTRICT DIRECTOR		13 Employer (See Instructions) CITY OF FORT WORTH
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/10/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO PEREZ	Loan Amount (\$) 975.07
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 2744 5TH STREET FORT WORTH TX	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2019	5 Payee name ROXSTAR MARKETING	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code P.O. BOX 162253 FORT WORTH TX 76161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description MARKETING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 10/04/2019	Payee name RACHEL DELIRA	
Amount (\$) 250.00	Payee address; City; State; Zip Code 3208 RIVERLAKES DRIVE HURST TX 76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PHOTOGRAPHY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 11/15/2019	Payee name RACHEL DELIRA	
Amount (\$) 50.00	Payee address; City; State; Zip Code 3208 RIVERLAKES DRIVE HURST TX 76053	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PHOTOGRAPHY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 07/14/2019	5 Payee name RACHEL DELIRA	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 3208 RIVERLAKES DRIVE HURST TX 76053	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description PHOTOGRAPHY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 07/18/2019	Payee name ROXSTAR MARKETING	
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) FEES	Description MARKETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 08/16/2019	Payee name ROXSTAR MARKETING	
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) FEES	Description MARKETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2019	5 Payee name ROXSTAR MARKETING	
6 Amount (\$) 700.00	7 Payee address; P.O. BOX 162253	City; State; Zip Code FORT WORTH TX 76161
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description MARKETING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 12/05/2019	Payee name RACHEL DELIRA	
Amount (\$) 100.00	Payee address; 3208 RIVERLAKES DRIVE	City; State; Zip Code HURST TX 76053
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PHOTOGRAPHY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL
Date 12/05/2019	Payee name ROXSTAR MARKETING	
Amount (\$) 350.00	Payee address; P.O. BOX 162253	City; State; Zip Code FORT WORTH TX 76161
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description MARKETING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought Office held CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2019	5 Payee name MAIRA GALLEGOS	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	(b) Description PURCHASE OF FOOD/BEVERAGES FOR COMMUNITY CENTERS.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought CITY COUNCIL
Date 11/26/2019	Payee name MAIRA GALLEGOS	
Amount (\$) 249.15	Payee address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description PURCHASE OF FOOD/BEVERAGES FOR COMMUNITY CENTERS.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office held CITY COUNCIL
Date 01/14/2020	Payee name MAIRA GALLEGOS	
Amount (\$) 154.94	Payee address; City; State; Zip Code 2901 W 5TH STREET FORT WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description PURCHASE OF GIFT CARD FOR COMMUNITY CENTER PARTY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office held CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>5</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/15/2020</i>	5 Payee name <i>MARIO PEREZ</i>	
6 Amount (\$) <i>975.07</i>	7 Payee address; City; State; Zip Code <i>2744 5TH STREET FORT WORTH TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <i>CHRISTMAS MAILER/POSTAGE</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought Office held <i>CITY COUNCIL</i>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 10919.95
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5 Date 06/06/2017	6 Payee name MURPHY NASICA
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7 Amount (\$) 4919.95	8 Payee address; 815-A BRAZOS STREET STE 304	City; AUSTIN	State; TX	Zip Code 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE PRINTING EXPENSE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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Date 06/19/2017	Payee name MURPHY NASICA
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Amount (\$) 6000.00	Payee address; 815-A BRAZOS STREET STE 304	City; AUSTIN	State; TX	Zip Code 78701
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description ADDITIONAL CONSULTING FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLORES	Office sought	Office held CITY COUNCIL
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.21</i>
5 Date <i>11/10/2019</i>	6 Payee name <i>FW MARGARITA SOCIETY CHILDREN'S CHARITIES</i>	
7 Amount (\$) <i>120.00</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 17417 Fort Worth TX 76102</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>BENEFITING CHILDREN'S CHARITIES NON-PROFIT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>

Date <i>11/10/2019</i>	Payee name <i>HONORING OUR MILITARY EVERYWHERE</i>		
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>5513 GILBOW AVENUE RIVER OAKS TX 76114</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>BENEFITING MILITARY SERVICE MEN & WOMEN NON-PROFIT</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.²¹</i>
5 Date <i>11/12/2019</i>	6 Payee name <i>TRINITY HABITAT FOR HUMANITY</i>	
7 Amount (\$) <i>200.⁰⁰</i>	8 Payee address; City; State; Zip Code <i>9333 N. NORMAN DALE STREET FORT WORTH TX 76116</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>BENEFITING REPAIR/BUILDING OF HOMES. NON-PROFIT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	
Date <i>11/15/2019</i>	Payee name <i>LATIN ARTS ASSOCIATION OF FORT WORTH</i>	
Amount (\$) <i>50.⁰⁰</i>	Payee address; City; State; Zip Code <i>1440 N. MAIN STREET FORT WORTH TX 76164</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>BENEFITING THE ARTS NON-PROFIT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
	Office held <i>CITY COUNCIL</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>9</u>	2 FILER NAME <u>CARLOS E. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>1813.21</u>
5 Date <u>11/18/2019</u>	6 Payee name <u>SONS OF LIBERTY COFFEE</u>	
7 Amount (\$) <u>5.33</u>	8 Payee address; City; State; Zip Code <u>250 W. LANCASTER AVENUE FORT WORTH TX 76102</u>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>BEVERAGE EXPENSE</u>	
	(b) Description	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office sought <u>CITY COUNCIL</u>
Date <u>11/18/2019</u>	Payee name <u>ESPERANZA'S BAKERY</u>	
Amount (\$) <u>8.65</u>	Payee address; City; State; Zip Code <u>2122 N. MAIN STREET FORT WORTH TX 76164</u>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FOOD EXPENSE</u>	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office held <u>CITY COUNCIL</u>

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.21</i>
5 Date <i>11/13/2019</i>	6 Payee name <i>FRIENDS OF THE FORT WORTH HERD</i>	
7 Amount (\$) <i>200.00</i>	8 Payee address; City; State; Zip Code <i>111 W. 4TH STREET FORT WORTH TX 76102</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>COVERED COST OF CARE/FEEDING FOR FW STEER</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>11/29/2019</i>	Payee name <i>BENJAMIN ISSAC CASTAÑEDA FUNDRAISER</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>FORT WORTH TX 76164</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>FUNDRAISER FOR STUDENT KILLED IN CAR ACCIDENT. N.S.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office held <i>CITY COUNCIL</i>

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813-21</i>
5 Date <i>12/02/2019</i>	6 Payee name <i>BENJAMIN CASTAÑEDA LOS ZARAPES FUNDRAISER</i>	
7 Amount (\$) <i>20.00</i>	8 Payee address; City; State; Zip Code <i>1503 NW 25TH STREET FORT WORTH TX 76164</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>FUNDRAISER FOR FAMILY AT RESTAURANT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office held <i>CITY COUNCIL</i>
Date <i>12/02/2019</i>	Payee name <i>CORNER BAKERY</i>	
Amount (\$) <i>17.63</i>	Payee address; City; State; Zip Code <i>615 N. MAIN STREET FORT WORTH TX 76102</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD EXPENSE</i>	Description <i>OFFICE LUNCH</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office held <i>CITY COUNCIL</i>

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.²¹</i>
5 Date <i>12/03/2019</i>	6 Payee name <i>AMERICAN PAINT HORSE ASSOCIATION</i>	
7 Amount (\$) <i>100.⁰⁰</i>	8 Payee address; City; State; Zip Code <i>2800 MEACHAM BLVD. FORT WORTH TX</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>LEGACY CAPITAL CAMPAIGN. NON-PROFIT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Office held <i>CITY COUNCIL</i>		
Date <i>12/03/2019</i>	Payee name <i>NORTHSIDE MARIACHI ESPUELAS DE PLATA</i>	
Amount (\$) <i>50.⁰⁰</i>	Payee address; City; State; Zip Code <i>2211 MCKINLEY AVENUE FORT WORTH TX 76164</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>BENEFITING STUDENT MARIACHIS. NON-PROFIT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Office held <i>CITY COUNCIL</i>		

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.²¹</i>
5 Date <i>12/06/2019</i>	6 Payee name <i>SONS OF LIBERTY COFFEE</i>	
7 Amount (\$) <i>10.⁰¹</i>	8 Payee address; City; State; Zip Code <i>250 W. LANCASTER AVENUE FORT WORTH TX 76102</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>BEVERAGE EXPENSE</i>	(b) Description <i>INFORMAL MEETING BOARD/COMMISSION SERVICE</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Office held <i>CITY COUNCIL</i>		
Date <i>12/12/2019</i>	Payee name <i>JUNTOS SE PUEDE</i>	
Amount (\$) <i>200.⁰⁰</i>	Payee address; City; State; Zip Code <i>2621 NW 29TH STREET FORT WORTH TX 76164</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>TOYS FOR CHILDREN CHARITY NON-PROFIT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Office held <i>CITY COUNCIL</i>		

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1813.²¹</i>
5 Date <i>12/13/2019</i>	6 Payee name <i>UNITED WAY OF TARRANT COUNTY</i>	
7 Amount (\$) <i>200.⁰⁰</i>	8 Payee address; City; State; Zip Code <i>1500 N. MAIN STREET STE 200 FORT WORTH TX 76164</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>SOCIAL ISSUES NON-PROFIT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>
Date <i>12/22/2019</i>	Payee name <i>ADLR 2019 CONSTABLE CHRISTMAS</i>	
Amount (\$) <i>100.⁰⁰</i>	Payee address; City; State; Zip Code <i>1440 N. MAIN STREET FORT WORTH TX 76164</i>	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>CHRISTMAS TOY CHARITY NON-PROFIT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL</i>

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>9</u>	2 FILER NAME <u>CARLOS E. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>1813.21</u>
5 Date <u>12/24/2019</u>	6 Payee name <u>ESPERANZA'S RESTAURANT</u>	
7 Amount (\$) <u>45.43</u>	8 Payee address; <u>2122 N. MAIN STREET</u>	City; State; Zip Code <u>FORT WORTH TX 76164</u>
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FOOD EXPENSE</u>	(b) Description <u>FIRE & POLICE TAMALES</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office sought <u>CITY COUNCIL</u>
Date <u>12/27/2019</u>	Payee name <u>DEL FRISCO'S GRILLE</u>	
Amount (\$) <u>136.16</u>	Payee address; <u>154 EAST 3RD STREET</u>	City; State; Zip Code <u>FORT WORTH TX 76102</u>
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FOOD/BEVERAGE EXPENSE</u>	Description <u>OFFICE CHRISTMAS LUNCH</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office sought <u>CITY COUNCIL</u>

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2019	5 Payee name 3RD ANNUAL LOVE OUR CITY UNITY IN THE COMMUNITY	
6 Amount (\$) 100.00	7 Payee address; FORT WORTH TX 76106	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) COMMUNITY EVENT IN DHS.
Date 10/16/2019	Payee name CITY OF FORT WORTH FOR CATHOLICS IN ACTION	
Amount (\$) 150.00	Payee address; 200 TEXAS STREET FORT WORTH TX 76102	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) COVERED COST OF MARINE PARK POOL RENTAL. NON-PROFIT
Date 11/14/2019	Payee name FRIENDS OF THE FORT WORTH HERD	
Amount (\$) 200.00	Payee address; 111 W. 4TH STREET FORT WORTH TX 76102	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) COVERED COST OF CARE/FEEDING FOR FW STEER
Date 12/02/2019	Payee name BENJAMIN ISSAC CASTANEDA FUNDRAISER	
Amount (\$) 150.00	Payee address; FORT WORTH TX 76164	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) FUNDRAISER FOR STUDENT KILLED IN CAR ACCIDENT NS

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>9</i>	2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/02/2019</i>	5 Payee name <i>FIRST TEE OF FORT WORTH</i>			
6 Amount (\$) <i>200.⁰⁰</i>	7 Payee address;	City	State	Zip Code
	<i>1900 ROCKWOODS PARK DR.</i>	<i>FORTWORTH</i>	<i>TX</i>	<i>76114</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>DONATION</i>		(b) Description (See instructions regarding type of information required.) <i>EDUCATIONAL NON-PROFIT</i>	
Date <i>10/21/2019</i>	Payee name <i>JUNTOS SE PUEDE</i>			
Amount (\$) <i>200.⁰⁰</i>	Payee address;	City	State	Zip Code
	<i>2621 NW 29TH STREET</i>	<i>FORT WORTH</i>	<i>TX</i>	<i>76164</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>DONATION</i>		Description (See instructions regarding type of information required.) <i>NON-PROFIT BENEFITING LOCAL STUDENTS</i>	
Date <i>11/19/2019</i>	Payee name <i>SONS OF LIBERTY COFFEE</i>			
Amount (\$) <i>5.33</i>	Payee address;	City	State	Zip Code
	<i>250 W. LANCASTER AVENUE</i>	<i>FORT WORTH</i>	<i>TX</i>	<i>76102</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>BEVERAGE EXPENSE</i>		Description (See instructions regarding type of information required.) <i>INFORMAL MEETING TO ADVISE ON GRANT WRITING</i>	
Date <i>11/18/2019</i>	Payee name <i>ESPERANZA'S BAKERY</i>			
Amount (\$) <i>8.65</i>	Payee address;	City	State	Zip Code
	<i>2122 N. MAIN STREET</i>	<i>FORT WORTH</i>	<i>TX</i>	<i>76164</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>FOOD EXPENSE</i>		Description (See instructions regarding type of information required.) <i>BREAKFAST MEETING</i>	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2019	5 Payee name FW MARGARITA SOCIETY CHILDREN'S CHARITY			
6 Amount (\$) 120.00	7 Payee address; P.O. BOX 17417	City FORTWORTH	State TX	Zip Code 76102
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) BENEFITING CHILDREN'S CHARITIES NON-PROFIT		
Date 11/12/2019	Payee name HONORING OUR MILITARY EVERYWHERE			
Amount (\$) 200.00	Payee address; 5513 GILBOW AVENUE	City RIVER OAKS	State TX	Zip Code 76114
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) BENEFITING MILITARY SERVICE MEN AND WOMEN NON-PROFIT		
Date 11/13/2019	Payee name TRINITY HABITAT FOR HUMANITY			
Amount (\$) 200.00	Payee address; 9333 N. NORMAN DALE STREET	City FORTWORTH	State TX	Zip Code 76116
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) BENEFITING REPAIR/BUILDING OF HOMES. NON-PROFIT		
Date 11/18/2019	Payee name LATIN ARTS ASSOCIATION OF FORT WORTH			
Amount (\$) 50.00	Payee address; 1440 N. MAIN STREET	City FORT WORTH	State TX	Zip Code 76164
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) BENEFITING THE ARTS NON-PROFIT		

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SCHEDULE I

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1 Total pages Schedule I: 9		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 12/04/2019		5 Payee name AMERICAN PAINT HORSE ASSOC.			
6 Amount (\$) 100.00		7 Payee address; 2800 MEACHAM BLVD.		City State Zip Code FORT WORTH TX 76137	
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) DONATION		(b) Description (See instructions regarding type of information required.) LEGACY CAPITAL CAMPAIGN. NON-PROFIT	
Date 12/04/2019		Payee name NORTHSIDE MARIACHI ESPUELAS DE PLATA			
Amount (\$) 50.00		Payee address; 2211 MCKINLEY AVENUE		City State Zip Code FORT WORTH TX 76164	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) BENEFITING STUDENT MUSICIANS. NON-PROFIT	
Date 12/13/2019		Payee name JUNTOS SE PUEDE			
Amount (\$) 200.00		Payee address; 2621 NW 29TH STREET		City State Zip Code FORT WORTH TX 76164	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) TOYS FOR CHILDREN CHARITY NON-PROFIT	
Date 12/06/2019		Payee name SONS OF LIBERTY COFFEE			
Amount (\$) 10.01		Payee address; 250 W. LANCASTER AVENUE		City State Zip Code FORT WORTH TX 76102	
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) BEVERAGE EXPENSE		Description (See instructions regarding type of information required.) INFORMAL MEETING BOARD/COMMISSION SERVICE	

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SCHEDULE I

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1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 Date 10/12/2019	5 Payee name LILY B. CLAYTON ELEMENTARY SCHOOL FUNDRAISER
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6 Amount (\$) 60.00	7 Payee address; 2000 PARK PLACE AVE.	City FORT WORTH	State TX	Zip Code 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) SCHOOL BENEFIT
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Date 12/02/2019	Payee name FORT WORTH JUNIOR GOLF FOUNDATION, INC.
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Amount (\$) 50.00	Payee address; P.O. BOX 4767	City FORT WORTH	State TX	Zip Code 76164
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) STUDENT EDUCATION NON-PROFIT
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Date 12/18/2019	Payee name ST. JUDE CHILDREN'S RESEARCH HOSPITAL
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Amount (\$) 40.00	Payee address; 501 SAINT JUDE PI	City MEMPHIS	State TENN.	Zip Code 38105
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) CHILDREN'S CANCER RESEARCH. NON-PROFIT
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Date 12/25/2019	Payee name BROTHERHOOD FOR THE FALLEN
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Amount (\$) 100.00	Payee address; P.O. BOX 4453	City FORT WORTH	State TX	Zip Code 76164
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) POLICE KILLED IN LINE OF DUTY. NON-PROFIT
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SCHEDULE I

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1 Total pages Schedule I: 9		2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 07/15/2019		5 Payee name CASA OF TARRANT COUNTY			
6 Amount (\$) 60.00		7 Payee address; 101 SUMMIT AVENUE		City FORT WORTH	State Zip Code TX 76102
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) CONTRIBUTION		(b) Description (See instructions regarding type of information required.) COURT APPOINTED SPECIAL ADVOCATES NON-PROFIT	
Date 08/10/2019		Payee name ALZHEIMER'S ASSOCIATION			
Amount (\$) 60.00		Payee address; 2630 W. FWY. STE 100		City FORT WORTH	State Zip Code TX 76102
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) RESEARCH NON-PROFIT	
Date 08/15/2019		Payee name NATIONAL LATINO LAW ENFORCEMENT ORGANIZATION			
Amount (\$) 100.00		Payee address; P.O. BOX 4858		City FORT WORTH	State Zip Code TX
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) LAW ENFORCEMENT NON-PROFIT	
Date 10/09/2019		Payee name BALLET FOLKLORICO, INC.			
Amount (\$) 25.00		Payee address; 5426 JACKSBORO HWY		City FORT WORTH	State Zip Code TX 76114
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) MEXICAN DANCE COMPANY NON-PROFIT	

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SCHEDULE I

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1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 Date 09/06/2019	5 Payee name FORT WORTH FIRE SERVICE RESOURCE NETWORK, INC.
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6 Amount (\$) 20.00	7 Payee address; City State Zip Code 562 TURNER ROAD AVE. WICKENIS TX 75119
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) FIRE FIGHTER NON-PROFIT SUPPORT
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Date 09/16/2019	Payee name FORT WORTH FIREFIGHTERS MUSEUM
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Amount (\$) 250.00	Payee address; City State Zip Code 1140 WINDYBROOK DR GRANBURY TX 76048
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) CAPITAL CAMPAIGN NON-PROFIT
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Date 09/20/2019	Payee name MAYFEST, INC.
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Amount (\$) 60.00	Payee address; City State Zip Code 5124 CAMP BOWIE BLVD. NW FORT WORTH TX 76107
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) MAYFEST NONPROFIT FOR TRINITY RIVER, PARKS
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Date 09/20/2019	Payee name UNITED HISPANIC COUNCIL OF TARRANT COUNTY
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Amount (\$) 50.00	Payee address; City State Zip Code 2741 HEMPHILL STREET FORT WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) HISPANIC ADVOCACY NON-PROFIT
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SCHEDULE I

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1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 Date 12/02/2019	5 Payee name BENJAMIN CASTAÑEDA LOS ZARAPES
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6 Amount (\$) 20.00	7 Payee address; 1503 NW 25TH STREET FORT WORTH TX 76164	City FORT WORTH	State TX	Zip Code 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION	(b) Description (See instructions regarding type of information required.) FUNDRAISER FOR FAMILY AT RESTAURANT
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Date 12/03/2019	Payee name CORNER BAKERY
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Amount (\$) 17.63	Payee address; 615 N. MAIN STREET FORT WORTH TX 76102	City FORT WORTH	State TX	Zip Code 76102
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD EXPENSE	Description (See instructions regarding type of information required.) OFFICE LUNCH
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Date 12/16/2019	Payee name UNITED WAY OF TARRANT COUNTY
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Amount (\$) 200.00	Payee address; 1500 N. MAIN STREET STE 200 FORT WORTH TX 76164	City FORT WORTH	State TX	Zip Code 76164
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) SOCIAL ISSUES NON-PROFIT
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Date 12/26/2019	Payee name ADLR 2019 CONSTABLE CHRISTMAS
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Amount (\$) 100.00	Payee address; 1440 N. MAIN STREET FORT WORTH TX 76164	City FORT WORTH	State TX	Zip Code 76164
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION	Description (See instructions regarding type of information required.) CHRISTMAS TOY CHARITY NON-PROFIT
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SCHEDULE I

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1 Total pages Schedule I: 9	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
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4 Date 12/26/2019	5 Payee name ESPERANZA'S RESTAURANT
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6 Amount (\$) 45.43	7 Payee address; 2122 N. MAIN STREET	City FORT WORTH	State TX	Zip Code 76164
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FOOD EXPENSE	(b) Description (See instructions regarding type of information required.) FIRE & POLICE TAMALES
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Date 12/30/2019	Payee name DEL FRISCO'S GRILLE
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Amount (\$) 136.16	Payee address; 154 EAST 3RD STREET	City FORT WORTH	State TX	Zip Code 76102
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) OFFICE CHRISTMAS LUNCH
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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