CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD FORM C/OH
CITY SECRETARY COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ **OFFICEHOLDER** CARLOS NAME SUFFIX NICKNAME FLURES ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / 1415 CIRCLE PARK BLUD. FTW TX **OFFICEHOLDER** 76164 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (817)688-2347 PHONE MS / MRS / MR Receipt # Amount \$ 6 CAMPAIGN THOMAS **TREASURER** Date Processed NAME BAINTER SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN 76179 FTW TX TREASURER SECCO DRIVE **ADDRESS** (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN 365-3536 **TREASURER** (682)PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 limit Final Report (Attach C/OH - FR) 8th day before election 10 PERIOD Day COVERED 66/01/17 06/30/17 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Day Year Description Special General 17 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) FORT WORTH CITY COUNCIL DISTRIST Z GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	RLOS E	. FLORES	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ZED \$ /30 -	
	i .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,130.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 734.		\$ 24,130.00 \$ 734.00 \$ 43,281.24 DAY \$ 1403.75	
	4. TOTAL POLITICAL EXPENDITURES \$ 43,281.24			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 1403.75			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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.				
Com	m. Expires 01-11-20 lotary ID 3896065	ala	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE	On Indian	na	
Sworn to and subscribed before me, by the said				
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	19 FILER NAME CARWS E. FLORES 20 Filer ID (Ethics Con			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,130.00 \$ 17063.24		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17003.24		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25930.33 \$ 17350-91		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17350-91		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E, FLORES 4 Date 7 Amount of contribution (\$) SANDY RUSSELL 6 Contributor address; City; State; Zip Code 10513 CLOISTELS DR. FORTWORTH TX 76131 30.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) ALFRED SAEN 7 Ob/o1/17 Contributor address; City; State; Zip Code 300.00 407 THROCKMORTON ST. FORTWORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) JASON SMITH-LAW OFFICES 06/05/17 Contributor address; City; State; Zip Code 100.00 FORTWORTH TX 76104 606 8TH AVE. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:_ THOMAS WILSON Contributor address; City; State; Zip Code 1000-00 4418 BROOKVIEW DR. DALLAS TX 75220 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 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 Date VINICENT PEREZ 6 Contributor address; City; State; Zip Code 1217 LINCOLN AVE. FORTWATH TX 76164 9 Employer (See Instru 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of contribution (\$) 50.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED Full name of contributor Date Amount of contribution (\$) 06/01/17 APT ASSOC. TARRANT COUNTY Contributor address; City; State; Zip Code 6350 BAKER BLVD. RICHLAND HIUS TX 76116 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) MERCANTILE PARTNERS L.P. Contributor address; City; State; Zip Code 2650 MEA CHAM BLVD. FORT WORTH TX 76137 06/09/17 1000-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) JOHN V. ROACH II 06/09/17 Contributor address; City; State; Zip Code 2905 ALTON RD. FORT WORTH TX 76109 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E. FLORES 5 Full name of contributor ___ out-of-state PAC (ID#: 7 Amount of contribution (\$) 3 H HARDWARE SOUTH 6 Contributor address; City; State; Zip Code 2217 8TH AVE. FORTWORTH TX 76110 100.00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: ____ Date Amount of contribution (\$) JOHN \$SHAWN HAWKINS 06/09/17 Contributor address; City; State; Zip Code 3041 BENT TREE CT. BEDFORD TX 76021 1000-00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 06/01/17 Contributor address; City; State; Zip Code 6116 KENWICK FONTWONTH TX 76116 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: MIKE MARTINEZ Contributor address; 06/08/17 City; State; Zip Code FORTWORTH TX Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 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. FLOREX 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_ TIMOTHY H. FLEET 6 Contributor address; City; State; Zip Code 3045 LACKLAND RD. FORTWORTH TX 76116 2500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) ROBERT FERNANDEZ Ob/61/17 Contributor address; City; State; Zip Code 2305 COLONIAL PKWY FORT WORTH TX 76109 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 06/01/17 DOMINGO GARCIA Contributor address; City; State; Zip Code 2500'00 400 ZANG BLVD. STE. 600 DALLAS TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 06/12/17 KAY GRANGER CAMPAIGN FUND Contributor address; City; State; Zip Code 1000.00 1701 RIVER RUN STE. 1010 FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 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 (\$) 06/05/17 JORGE BALDOR 6 Contributor address; City; State; Zip Code 2017 YOUNG STREET DALLAS TX 75201 5000-00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) MIKE BLUBAUGH Contributor address; City; State; Zip Code 2002 HUNTER PLACE CT. ARUNGTON TX 76006 06/07/17 1000-00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 66/05/17 FLORENCIO CASTANEDA Contributor address; City; State; Zip Code 500.00 6127 NORTH HILLIAME FORTWORTH TX 76135 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 06/69/17 ANDREA ESPINOZA Contributor address; City; State; Zip Code 100.00 2720 NW 25TH STREET FORTWORTH TX 76106 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CARLOS E- FLORES 5 Full name of contributor ___ out-of-state PAC (ID#:_ 4 Date 7 Amount of contribution (\$) FRANCIS MCCARTHY 6 Contributor address; City; State; Zip Code 1208 W MAGNOLIA FORT WORTH TX 76104 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) 5TEPHEN MEEKS Contributor address; City; State; Zip Code 100 THROCKMORTON STE. 300 FORT WORTH TX 76102 1500-00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) MEHRDAD MOAYEDI 06/07/17 Contributor address; City: State; Zip Code 2500-00 600 VALLEY VIEW LANE STE, 300 FARMERS BRANCH TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:___ Amount of contribution (\$) JOVITA MOLINA Contributor address; City; State; Zip Code 2714 N.W. LORRAINE FORT WORTH TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E. FLORES 4 Date 7 Amount of contribution (\$) ARNOLD & HARRIETTE BACHMAN 6 Contributor address; City; State; Zip Code 1229 SHADY OAKS LN. FONTWONTH TX 76107 200.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAM	EARLOS E, FLORES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 17003.24	
	06/09/17 FT. WORTH POLICE OFFICERS ASSOC. PAC 7 Contributor address; City; State; Zip Code 904 COLLIER FTW TX 76/02		8 Amount of 9 In-kind contribution description 1703.24 Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)	
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ			er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	'HIS SCHEDL	JLE AS NEEDED	
lf.	contributor is out-of-state PAC, please see instruction	_		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Oreal Card Payment	The Instruction Guide explain	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E-	FLORES	3 Filer ID (Ethics Commission Filers)
06/04/17	5 Payee name MARTINY		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
250:00	FURTUU	NOTH TEXAS	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	MAGES	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H CARDS E: FLO	Office sought CITY	Office held COUNCIL
Date .	Payee name		
06/05/17	CHRISTINA DO	E LA ROSA	
Amount (\$)	Payee address; City; State;	Zip Code	
120.00	FORT WOR	RTH TEXAS	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	1	FLORES CITY	
Date	Payee name		
06/67/17	BOOKER INDU	STRIES	
Amount (\$)	Payee address; City; State;		
500.00	2344 FARRINGTON DALLAS -	TX 75207	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	PRINTING	Check if Austir	n, TX, officeholder living expense
-			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARUS E. FLONS	Office sought	Office held
		3 2777 00	
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME CAR LOS E - FLUXES 3 Filer ID (Ethics Commission Filers)			
4 Date 06/05/17	5 Payee name MARIA PACITECO			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
30.00	FORT WORTH TEXAS			
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	WAGES Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OF	CARLOS E. FLONES CITY COUNCIL			
Date	Payee name			
06/05/17	ALEJANDRA FIERRO			
Amount (\$)	Payee address; City; State; Zip Code			
120.00	FUNT WENTH TEXAS			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	WAGES 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			
Date	Payee name			
06/05/17	DANNY RAMOS			
Amount (\$)	Payee address; City; State; Zip Code			
76.00	FORTWORTH TEXAS 76164			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense			
EXPENDITURE	WAGES			
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OH	circus c. prodes ciry connact			
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	al Committee Legal Services Sala	aries/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E.	FLORES 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
06/05/17	JORGE ARRENDON		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
160.00	FORT WORTH	TEXAS	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	WAGES	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name にはんしい	Office sought Office held	
Date	Payee name		
06/05/17	MARKY RAMOS		
Amount (\$)	Payee address; City; State; Zip Co	de	
120.00	FORT WORTH	TEXAS 76164	
	Category (See Categories listed at the top of this schedu	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	WAGES	Check if Additi, 17, directioner living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	CARLOS E. FL	ONES CITY COUNCIL	
Date	Payee name		
06/05/17	KASSANDRA FER	NANDEZ	
Amount (\$)	Payee address; City; State; Zip Co	de	
70:00	FORT WORTH	TEXAS 76164	
	Category (See Categories listed at the top of this schedu		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	WAGES	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. FLO	NES 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 complete this form.				
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FU	3 Filer ID (Ethics Commission Filers)		
4 Date 06/01/A	5 Payee name MARISSA SANCHEZ			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1150.00	5177 BRITTON RIDGE LANE	FORT WORTH TEXAS 76179		
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	WAGES	Check if Austin, TX, officeholder living expense		
EXI ENDITORE				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARUS E. FLORE	Office sought Office held S C/TY COUNCIL		
Date	Рауее пате			
06/03/17	ALL STAR PARTY			
Amount (\$)	Payee address; City; State; Zip Code			
193.77	1175. SYLVANIA AUE. FOR	RTWONTH TEXAS 76111		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	EVENT EXPENSE	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	ES CITY COUNCIL		
Date	Payee name			
06/01/17	PAINTER COMMUNI	ICATIONS		
Amount (\$)	Payee address; City; State; Zip Code			
5000,00	ATL GA			
00.0	ML GA			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense		
	- -			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	CARLOS G. FLONES	CITYCOUNCIL		
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	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLONE	3 Filer ID (Ethics Commission Filers)
4 Date 06/05/17	5 Payee name FERNANDO RAGA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
700.00	FART WORTH TEX	AS
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(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/OF	Candidate / Officeholder name CAN LOS E. FU	Office sought Office held OTUBLES CITY CONNCIL
06/04/17	Payee name AU STAR PARTY	
Amount (\$) 210:00	Payee address; City; State; Zip Code 117 S. SYLVANIA AVE. F	ERT WORTH, TEXAS 76111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CANLOS E. FLA	Office sought Office held ES CITY COUNCIL
06/05/17	Payee name PAULINA PAREDES	
Amount (\$)	Payee address; City; State; Zip Code	
150-00	FORT WAZTH TO	EXAS
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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 CARLIS E. FLOR	Office sought Office held ES CITY COUNCIL
	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 Salaries/Wages/Contract Labor

oreal out ayment	The Instruction Guide explains how to co	emplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. F	GONES	3 Filer ID (Ethics Commission Filers)
4 Date 06/63/17	5 Payee name J. B. JUNIOR		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
220.00	1426 NW 25TH FORT WORTH	TEXAS 7	6164
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD BEVERAGE		utside of Texas. Complete Schedule T. n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name CARLOS E. FLOA	Office sought	Office held COUNCIL
Date , ,	Payee name		
06/04/17	J. B. JUNIOR		
Amount (\$)	Payee address; City; State; Zip Code		
306.00	1426 NW 25TH FORT WART	H TEXAS	76164
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			tside of Texas. Complete Schedule T.
EXPENDITURE	FOOD / BEVERAGE	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
Date	Payee name		
06/04/17	ELIZABETH SANCHEZ		
Amount (\$)	Payee address; City; State; Zip Code		
460,00	2106 CANCUN DR. FURT W	INSTH TEXA	15 76063
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	• • • •		tside of Texas. Complete Schedule T.
EXPENDITURE	WAGES	Uheck 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	<u>.</u>	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

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 F1:	2 FILER NAME CARLOS E- FLORES 3 Filer ID (Ethics Commission Filers)		
4 Date 06/05/17	5 Payee name SAMANTHA SOTELO		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100.00	FORT WMTH TEXAS		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	WAGES Check if Austin, TX. officeholder living expense		
EXPENDITURE	wages		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held CANLOS E. FLORES CITY COUNCIL		
Date	Payee name		
06/05/17	HENNESSY PAREDES		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	FORT WORTH TX		
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 / Office holder name Office sought Office held CALUS E. FLORES CITY COUNCIL		
Date	Payee name	٦	
06/04/17	REMMY GUZMAN		
Amount (\$)	Payee address; City; State; Zip Code		
180.00	FURT WURTH TEXAS		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	٦	
expenditure to benefit C/OH	CALLOS E. FLORES SITY 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 Gitt/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	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E - FLO.	3 Filer ID (Ethics Commission Filers)	
4 Date 66/01/17	5 Payee name CHRISTINA DE LA A	ROSA	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
150.00	FORT WORTH TX	•	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES	(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. FLO	Office sought Office held LES CITY COUNCIC	
Date	Payee name		
06/63/17	MICHAEL EVANS		
Amount (\$)	Payee address; City; State; Zip Code		
228.00	5052 LAKEARLINGTON RD. F.	ORTWORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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. FLOX	Office sought Office held	
Date	Payee name		
06/05/17	BRITTANY LUCIO		
Amount (\$)	Payee address; City; State; Zip Code		
150.00	FORT WORTH TEX	45	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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	CARLOS E. FLORES	Office sought Office held 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/Dionations Made By
Candidate/Opensel

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above) omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E- FLO	3 Filer ID (Ethics Commission Filers)	
4 Date 66/09/17	5 Payee name GTG PRINTING		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
365.∞	FTW TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	PRINTING	L Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CHALOS E. /	Office sought Office held CLORES CITY COUNCIL	
Date	Payee name		
06/12/17	MARISELDA S.	ALAZAR	
Amount (\$)	Payee address; City; State; Zip Code		
140.00	FTW TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGE 5	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH		<u> </u>	
Date	Payee name		
06/10/17	MANUEL ESPIN	6	
Amount (\$)	Payee address; City; State; Zip Code		
355.00	FTW TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	WAGES	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. FLOSE	Office sought Office held FS 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/Wanes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to a	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME OAR LOS E. F	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/17	5 Payee name NORMA ENG	USH
6 Amount (\$)	7 Payee address; City; State; Zip Code	
110,00	FTW TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES	Check if Austin, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name CAR LOS E. FLO	Office sought Office held Office NES CITY COUNCIL
Date	Payee name	
06/12/17	ALEJANDRA FIE	EKRO
Amount (\$)	Payee address; City; State; Zip Code	
180.00	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	WAGES	Clieck if Austin, 1A, unicertainer living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLE	DRES CITY COUNCIL
Date / /	Payee name	
06/12/17	CHRISTINA AL	FARO
Amount (\$)	Payee address; City; State; Zip Code	
250.00	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	WAGES	Oneck it Austri, 1A, unicertaine living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLOT	RES 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 c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORE	=5	3 Filer ID (Ethics Commission Filers)
4 Date 06/n/17	5 Payee name 13 AR BARA CAST	RO	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
50.00	FTW TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CALUS E. F	Office sought	Office held CITY COUNCIL
Date	Payee name		
06/12/17	ELIZABETH SANC	HEZ	
Amount (\$)	Payee address; City; State; Zip Code		
950'00	2106 CANCUN DR. MAN	SFIELD 7	X 76063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLOR	ES C	MY COUNCIL
Date	Payee name		
06/12/17	KASSANDRA,	FERNANL	EZ
Amount (\$)	Payee address; City; State; Zip Code		
100.00	FTW TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CARLOS E. FLOR	Office sought	Office held Y COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 Gitt/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.	Carlot (circo d'oddoger) recirco de la carlot (circo d'od
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLO	RES	3 Filer ID (Ethics Commission Filers)
4 Date 06/12/17	5 Payee name MICHAEL EVANS	•	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
54.00	5052 LAKE ARLINGTON	RO FTW	TX 76/19
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			ride of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	WAGES	Check if Austin,	TX, officeroider living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	CARLOS E. F.	Office sought	Office held CITT COUNCIL
Date	Payee name		
06/12/17	BRITTANY LUC	10	
Amount (\$)	Payee address; City; State; Zip Code		
250.00	FTW TX		
·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	1 2000		ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	WHEES	Onesk wyddin.	77, oncoloud ming oppose
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLO	KES CI	TY COUNCIL
Date	Payee name		
06/12/17	MARISSA SANCHE	2	
Amount (\$)	Payee address; City; State; Zip Code		
1190:00	5177 BRITTON RIDGE L	ANE FTH	17 76179
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	WAGES	Check II Austin,	1.A. Uniceriolise living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	CARLOS E. PLONES	CITY	COUNCIL
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W: 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, FLORE	3 Filer ID (Ethics Commission Filers)
4 Date 0 6/10/17	5 Payee name MICHAEL EVANS	
280'00	7 Payee address; City; State; Zip Code 5052 LAKE ARUNGTON	RD. FINTWONTH TX 76119
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES	(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/OF	Candidate / Officeholder name CARLOS E. FLO	Office sought Office held
06/16/17	Payee name PAULINA PAREDES	
Amount (\$)	Payee address; City; State; Zip Code	
170,00	AW TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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	CALLOS E. FLORES	Office sought Office held
06/12/17	Payee name SAMANTHA SOTELO	
130.00	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 CARLOS F.FLORE	Office sought Office held SCITY COUNCIL
	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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	CARLOS E. FLORES	Filer ID (Ethics Commission Filers)
4 Date 06/16/17	5 Payee name A BIGAIL KAWAS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
220.00	Frw TX	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE		e of Texas. Complete Schedule T.
OF EXPENDITURE	WAGES Check If Austin, 1x	K, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLONES	CITYCOMNCIL
Date	Payee name	
06/12/17	JORGE ARRENDO	
Amount (\$)	Payee address; City; State; Zip Code	
210.00	FTW TX	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF		of Texas. Complete Schedule T.
EXPENDITURE	WAGES	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/OF	CARLOS E. FLORES C	ITY COUNCIL
Date	Payee name	
06/12/17	DANIEL SANCHEZ	
Amount (\$)	Payee address; City; State; Zip Code	
240.00	2106 CANCUN DR. MANFIELD TX 76	,063
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF		of Texas. Complete Schedule T.
EXPENDITURE	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 EITY	COLLNCIL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE	D

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/Wa ₁ The Instruction Guide explains how to col	ges/Contract Labor Other (enter a category not listed above) nplete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORE	3 Filer ID (Ethics Commission Filers)
4 Date 66/12/17	5 Payee name REMMY GUEMAN	/
296.40	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WHGE S	(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/OF	Candidate / Officeholder name CARLOS E- FLe	Office sought Office held Office Source Office So
06/12/17	Payee name COOPER'S BBQ	
Amount (\$) 1787.56	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOUD / BEVERAGES	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/OF	CALLOS E- FLORE	Office sought Office held S COUNCIL
06/10/17	Payee name ALEJANDRA RO	
Amount (\$) 8/0.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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	CARLOS E. FLORE	Office sought Office held SCITY 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services of the ser	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 Date 06/12/17 6 Amount (\$)	5 Payee name HENNESSY PAR	
6 Amount (\$) /	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WAGES	(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/OF	Candidate / Officeholder name CARLOS E. FLOTE	Office sought Office held CITY CONNCIL
06/05/17	Payee name ABICHIL KAWA	75
Amount (\$) 120.00	Payee address; City; State; Zip Code PTW TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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 & FC	Office sought Office held
0 6 /12/17	Payee name RONNY GUZMAN	
120.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES	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. FLO	Office sought Office held NES 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. FLORE	3 Filer ID (Ethics Commission Filers)
4 Date 06/01/17	5 Payee name MUPHY NASICA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
238.15	916-A BAAZOS ST. 1	AUSTIN TX 78701
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 / PRINTING	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name CARLOS E. F.	Office sought Office held
D-1-	Payee name	us crit wancic
Date	MURPHY NASICA	
06 /01/17 Amount (\$)	Payee address; City; State; Zip Code	
		-1.1. Th 762 1
1000.00	815-A BRAZOS ST. A	us7/10 11 78701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	FEE	Chook a victure, i.e., smoothees aring separate
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. AL	DAES CITY COUNCIL
Date / . / . 2	Payee name	
04/04/17	MMPHY NASICA	
Amount (\$)	Payee address; City; State; Zip Code	
492.21	815-A BRAZOS ST.	AUSTIN TX 78701
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if Austin TX officeholder living expects
EXPENDITURE	PRINTING	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. FL	DAES CITY COUNCIL
	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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie The Instruction Guide explains how	s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.
1 Total pages Schedule F1:	2 FILER NAME CAKLOS E. FLO	3 Filer ID (Ethics Commission Filers)
4 Date 0 6/23/17	5 Payee name PAINTER COM	MUNICATIONS
6 Amount (\$) 2 300 · 00	7 Payee address; City; State; Zip Code	
L300 -	ATL GA	
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/OF	CARUS E. FLOT	Office sought Office held Office held Office held
Date	Payee name	
06/30/17	FERNANDO R	46A
Amount (\$)	Payee address; City; State; Zip Code	
250.00	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	FOOD / BEVERAGE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
experiently to benefit 6/07	CARLOS E. FLO	RES CITY COUNCIL
Date / / / / / / / / / / / / / / / / / / /	Payee name	
06/30/17	MANIO PEREZ	
Amount (\$)	Payee address; City; State; Zip Code	
1500.00	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	L'OAN REPAYMENT	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	CANLOS E. FLOR	ES CITY COUNCIL
	ATTACH ADDITIONAL COPIES OF TH	IS 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/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CARLOS E. FLORES MARTIN HURTADO 6 Amount 7 Payee address; 350,00 FTW TX (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** WAGES Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office held 9 Complete ONLY if direct CARLOS E. FLORES CITY COUNCIL expenditure to benefit C/OH Payee name ABIGAIL KAWAS City; State; Zip Code Payee address; FTW TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense MAGES **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH CALLOS E. FLORES CITY COUNCIL 06/28/17 CHRISTIAN OLIVAS Amount (\$) Payee address; City; State; Zip Code 50,00 FTW TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense WAGES **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL

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

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- FLOR	3 Filer ID (Ethics Commission Filers)
4 Date 06/12/17	CARLOS E- FLOR 5 Payee name ALEJANARA ROS	MERO
6 Amount (\$)	7 Payee address; City; State; Zip Code	
400.00	FTW TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if Austin TV efficiently living expense
EXPENDITURE	WAGES	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLI	ORES CITY COUNCIL
Date , /	Payee name	
06/12/17	PAULINA PALL	90ES
Amount (\$)	Payee address; City; State; Zip Code	
50.00	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1 10.55	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	MAGES	Check if Ausuri, 17, directioner living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLOR	LES CITY QUINCIL
Date / /22/11	Payee name	,
06/12/17	KARLA PINEOA	
Amount (\$)	Payee address; City; State; Zip Code	
30.00	Ttu. TV	
	FTW TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	WAGES	Check in Austin, 1A, uniceriolder name expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	CARLOS E. FLOR	ES CITY COUNCIL
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 Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CANLOS E. FLORES 17 350, 91 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name MURPHY NASICA 8 Payee address; City; State; Zip Code 1500.00 815-A BRAZOS ST. AUSTIN, TX 78701 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. CONSULTING OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH CALLOS E. FLORES CITY COUNCIL 06/19/17 MURPHY NASICA City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701 6000.00 TYPE OF Political Non-Political **EXPENDITURE** 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 CONSULTING/FEE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLONES CITY COUNCIL

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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer 1D (Ethics Commission Filers) CARLOS E. FLORES 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 17350.31 5 Date 6 Payee name 06/01/17 MURPHY NASICA 8 Payee address: City: State: Zip Code 7 Amount (\$) 815-A BRAZOS ST. AUSTIN TX 78701 4052.50 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PRINTING OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL MURPHY NASICA 5435.99 815-A BRAZOS ST. AUSTIN TX 78701 TYPE OF Political Non-Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PRINTING Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH CARLOS E. FLORES CITY COUNCIL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	1 Tarol Out Of Blother	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F2:	2 FILER NAME CAR LOSE E. FLONES 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$ 17350. 91	
5 Date 06/61/17	6 Payee name MURPHY WASICA	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
362.42	315 A BRAZOS ST. AUSTIN TX 78701	
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 Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH CARCOS E, FLONES CITY COUNCIL		
	C.,	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	