## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FT. WORTICONER SHEET PG 1

FORM C/OH

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST CARLOS	MI E	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	FLORES		A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 1415 CIRCLE PARK BLVO.	FT. WORTH, TX 76164	RECEIVED  JUL 1 5 2020 CITY OF FORT WORTH
Change of Address			CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 688-2347	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	BAINTER		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	SECCO DAIVE FORT		STATE; ZIP CODE XAS 76179
(Residence or Business)	Sector Prints		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (682) 365-3536	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2020	THROUGH O6 /	Day Year 30 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	05/04/200 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	CITY COUNCIL DISTRICT 2		
	GO ТО	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

		The state of the s	
14 C/OH NAME	CARLOS	E. FLORES	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 7526.63 ×
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7526.63 \$ 6319.95 **
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD	77
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* THE \$
18 AFFIDAVIT	, 100 - 100		
Notar Com N	ALD PAUL GONZAL y Public, State of Te m. Expires 05-17-20 otary ID 10520616	true and correct and includes all in under Title 15, Election Code.  ES xas 24	perjury, that the accompanying report is formation required to be reported by me and address of the company of
Sworn to and subscr		by the said Carlos E. Flores	, this the 15H
day of July	6	to certify which, witness my hand and seal of office	
/mala/ C	Thyl	Konald Y. Gonzales	Nutary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer ad ministering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	CARLOS E. FLORES	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1400,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6000,00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6126.63
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	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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. FLORES		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/13/2020	5 Payee name  ROX STAR MARKETIN	G	and the second s	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
700.00	P.O. BOX 162253	FORT WORTH	TX	76161
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	SALARIES/WAGES			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
04/13/2020	ROXSTAR MARKE	TING		
Amount (\$)	Payee address;	City;	State;	Zip Code
700.00	P.O. BOX 162253	FORT WORTH	TX	76161
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	SALARIES/WAGES			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES	Office sought		Office held C (TY COUNCIL
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED	

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (out of District)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries A	Wages/Contract Labor		ter a category n	ot listed above)
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F2:	2 FILER NAME CARLOS E. FLORES		3 Filer IC	) (Ethics Con	nmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	IS	\$	6000	100
5 Date 06/19/2017	6 Payee name MURPHY NASICA				
7 Amount (\$)	8 Payee address;	City;		State;	Zip Code
6000-00	815-A BRAZOS ST. #304	AUSTA	W	TX	78701
9 TYPE OF EXPENDITURE	Political Non-Po	blitical			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officel	nolder living exp	ense
11 Complete ONLY if direct expenditure to benefit C/OF		Office sought		Office held	COUNCIL
Date	Payee name				
Amount (\$)	Payee address;	City;		State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical			
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 Au	stin, TX, office	eholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED		

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salanes/N  The Instruction Guide explains how to describe the services of the services and the services of the ser		ther (enter a category not listed above)
1 Total pages Schedule F4:	CARLOS E. FLORES	<b>3</b> F	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD \$	6126 · 63
5 Date 01/10/2020	6 Payee name NATIONAL COW BOYS OF	COLOR MUS	SEUM
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
560.∞	2029 N. MAIN STREET	FORT WORTH	TX 76164
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CONTRIBUTION / DONATION	TICKET	S PURCHASE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	X, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held
Date .	Payee name		
01/17/2020	TEXAS CONBOY HAL	L OF FAME	=
01/17/2020 Amount (\$)	TEXAS COWBOY HAL	City;	State; Zip Code
01/17/2020			State; Zip Code
01/17/2020 Amount (\$)	Payee address;	City; FORT WORTH	State; Zip Code
01/17/2020 Amount (\$) 155, 90	Payee address; 2 5 15 RODEO PLAZA	City; FORT WORTH	State; Zip Code
OI/I7/2020  Amount (\$)  155, 90  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; 2.515 RODEO PLAZA  Political Non-P	City; FORT WORTH  olitical  Description	State; Zip Code
OI/I7/2020 Amount (\$) 155, 90  TYPE OF EXPENDITURE  PURPOSE	Payee address;  2. 5 i 5 RODEO PLAZA  Political Non-P  Category (See Categories listed at the top of this schedule)	City; FORT WORTH  olitical  Description  MUSEUM	State; Zip Code TX 76164
OI/I7/2020  Amount (\$)  155, 90  TYPE OF EXPENDITURE  PURPOSE OF	Payee address;  2. 5 i 5 RODEO PLAZA  Political Non-P  Category (See Categories listed at the top of this schedule)  CONTRIBUTION / DON ATION  Check if travel outside of Texas. Complete Schedule T.	City; FORT WORTH  olitical  Description  MUSEUM	State; Zip Code  TX 76164  M SUPPORT
OI /17/2020  Amount (\$)  155, 99  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address;  2. 5 i 5 RODEO PLAZA  Political Non-P  Category (See Categories listed at the top of this schedule)  CONTRIBUTION / DON ATION  Check if travel outside of Texas. Complete Schedule T.	City;  FORT WORTH  olitical  Description  MUSEUM  Check if Austin,	State; Zip Code  TX 76164  **TX 76164  **TX 76164  **TX, officeholder living expense

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other	(enter a catego	ry not listed above)
1 Total pages Schedule F4:	2 FILER NAME CARLOS E. FLORES		3 Filer	ID (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	612	6 · 63
5 Date 01/22/2020	PLANET SUB				
7 Amount (\$)	8 Payee address;	City;		State;	Zip Code
11.33	411 W 7TH STREET	FORT WO	PATH	TX	76102
9 TYPE OF EXPENDITURE	Political Non-I	Political			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXP.	Busin	IESS	LUNG	CH
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, of	ficeholder living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office h	eld OUNICLL
Date 01/29/2020	Payee name  LITTLE RED WAS	P	,		
Amount (\$)	Payee address;	City;		State;	Zip Code
29.98	808 MAIN STREET	FORT WOR	274	TX	76102
TYPE OF EXPENDITURE	Political Non-	Political			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FOOD / BEVERAGE	Bus	NES!	s Lux	ICH
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	estin, TX, of	fficeholder living	g expense
	Candidate / Officeholder name	Office sought		Office h	eld
Complete ONLY if direct expenditure to benefit C/OH	CARLOS E. FLORES			CITY	COUNCIL
				e 1,	
7.6	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CARLOS E . FLORES 6126 XX 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name TACO DINER 8 Payee address; Zip Code 156 W ATH STREET FORT WORTH TX 76102 TYPE OF Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 BUSINESS LUNCH **PURPOSE** FOOD/BEVERAGE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct CITY CONNCIL expenditure to benefit C/OH CARLOS E. FLORES 04/13/2020 JASON'S FUNDRAISER TARRAGT AREA FOOD BANK 2600 CULLEN STREET FORTWORTH TX 76107 50.00 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description CONTRIBUTION/DONATION PURPOSE FACEBOOK FUNDRAISER OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condidate/Officebolder/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	al Committee Legal Services S	Salaries/Wages/Contract Labor Other	vel Out Of District er (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide explains I  2 FILER NAME  CARUS E - F		er ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO		6126 °63 XX
5 Date 04/13/2020	6 Payee name MWOY KICK CANCER	S BUTT CAMPAL	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
75.00	1300 SUMMIT AVE.	STE 110 FORT WOR	27H TX 76102
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONA	FTION PACEBOOK	FUNDRAISER
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX,	officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/21/2020	Payee name  BLESS THIS		
Amount (\$)	Payee address;	City;	State; Zip Code
$26.\frac{25}{2}$		REDWOOD CITY	CA 94063
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this sol	nedule) Description	
PURPOSE	CENTRIBUTION/DONAT	UN GOFUND	ME
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch		, afficeholder living expense
			, officeholder living expense Office held
EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX	
EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX	

SCHEDULE F4

#### **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

Il Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	
CARLOS E. FLO	RES	3 Filer ID (Ethics C	Commission Filers)
ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 6126	. 63 XX
6 Payee name RACHEL DE	LIRA		
8 Payee address;	City;	State;	Zip Code
3208 RIVERLAKES I	PRIVE HURST	TX	76053
Political	Non-Political		
(a) Category (See Categories listed at the top of this sol	nedule) (b) Description		
FEES	PHOTOGRA	APY SERV	ICES
(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living	expense
Candidate / Officeholder name	Office sought	Office he	ON NCIL-
Payee name	1		
MURPHY NASICA	1		
Payee address;	City;	State;	Zip Code
-	City;	State;	Zip Code 78701
Payee address;	City;		
Payee address; 815-A BAAZOS ST. #304	City; Austin Non-Political		
Payee address; 815-A BAAZOS ST. #304	Non-Political  Description		
Payee address;  BI5-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this so	Non-Political  hedule)  Description		78701
Payee address; 815-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this sc  FEES / CONSULTING EXP	Non-Political  hedule)  Description	TX	78701
Payee address;  B15-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this sc  FEES / CONSULTING EXP	City;  Aust/N  Non-Political  hedule)  Description  ENSE  hedule T. Check if Austrian  Office sought	otin, TX, officeholder living	78701
Payee address;  BI5-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this so  FEES / CONSULTING EXP  Check if travel outside of Texas. Complete Sch	City;  Aust/N  Non-Political  hedule)  Description  ENSE  hedule T. Check if Austrian  Office sought	otin, TX, officeholder living	78701
Payee address;  BI5-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this so  FEES / CONSULTING EXP  Check if travel outside of Texas. Complete Sch	City;  Aust/N  Non-Political  hedule)  Description  ENSE  hedule T. Check if Austrian  Office sought	otin, TX, officeholder living	78701
Payee address;  BI5-A BAAZOS ST. # 300  Political  Category (See Categories listed at the top of this so  FEES / CONSULTING EXP  Check if travel outside of Texas. Complete Sch	City;  Aust/N  Non-Political  hedule)  Description  ENSE  hedule T. Check if Austrian  Office sought	otin, TX, officeholder living	78701
	2 FILER NAME CARLOS E. FLO ZED EXPENDITURES CHARGED T  6 Payee name RACHEL DE  8 Payee address; 3 2 0 8 RIVERLAKES I  Political  (a) Category (See Categories listed at the top of this set  FEES  (c) Check if travel outside of Texas. Complete Sch  Candidate / Officeholder name CARLOS E.	ZED EXPENDITURES CHARGED TO A CREDIT CARD  6 Payee name  RACHEL DELIRA  8 Payee address;  City;  3 208 RIVERIAKES DRIVE HURST  Political  Non-Political  (a) Category (See Categories listed at the top of this schedule)  FEES  PHOTOGRAF  Candidate / Office holder name  CARLOS E. FLOKES  Payee name	2 FILER NAME CARLOS E. FLORES  ZED EXPENDITURES CHARGED TO A CREDIT CARD  6 Payee name  RACHEL DELIRA  8 Payee address; City; State; 3 208 RIVERLAKES DRIVE HURST TX  Political  Non-Political  Non-Political  (a) Category (See Categories listed at the top of this schedule)  FEES  PHOTOGRAPY SERV  Candidate / Office holder name CARLOS E. FLORES  3 Filer ID (Ethics Condended of Texas. Complete Schedule)  (b) Description  Candidate / Officeholder name Office sought Office holder Iving

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (contrar extension and listed above)

Solicitation/Fundraising Expense

	al Committee Legal Services Salaries/W.  The Instruction Guide explains how to committee the salaries of the s	eges/Contract Labor Other (enter a category not listed above)  omplete this form.
1 Total pages Schedule F4:	2 FILERNAME CARLOS E. FLERES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD \$ 6/26 . 63
5 Date 06/09/2020	FORT WORTH POLICE & F	FIRE MEMORIAL
7 Amount (\$)	8 Payee address;	City; State; Zip Code
100.00	2301 W 7TH STREET	FORT WORTH TX 76107
9 TYPE OF EXPENDITURE	Political Non-Po	plitical
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	CONTRIBUTION/DONATION	FACEBOOK FUNDRAISER
	(c) 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 O	ffice sought Office held
Date 06/18/2020	Payee name  ASSIST THE OFF	ICER
Amount (\$)	Payee address;	City; State; Zip Code
- (200)	De maile I Mile	FORTUBETH TX 76102
50.00	2501 PARKVIEW DRIVE	PART MORIA IX TOTOE
TYPE OF EXPENDITURE	Political Non-Po	TOTAL PROPERTY TO
TYPE OF		TOTAL PROPERTY TO
TYPE OF EXPENDITURE  PURPOSE OF	Political Non-Po	Description
TYPE OF EXPENDITURE	Political Non-Po	Description
TYPE OF EXPENDITURE  PURPOSE OF	Political  Category (See Categories listed at the top of this schedule)  CONTRIBUTION / DONATION  Check if travel outside of Texas. Complete Schedule T.	Description  FACEBOOK FUNDRAISER
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political  Category (See Categories listed at the top of this schedule)  CONTRIBUTION / DONATION  Check if travel outside of Texas. Complete Schedule T.	Description  FACEBOOK FUNDRAISER  Check if Austin, TX, officeholder living expense
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political  Category (See Categories listed at the top of this schedule)  CONTRIBUTION / DONATION  Check if travel outside of Texas. Complete Schedule T.	Description  FACEBOOK FUNDRAISER  Check if Austin, TX, officeholder living expense

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/Wag.  The Instruction Guide explains how to com	Other (enter a category not listed above)  uplete this form.
1 Total pages Schedule F4:	2 FILER NAME CARLOS E. FLORES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	DIT CARD \$ 6/26 . C3
5 Date 06/24/2020	6 Payee name RACHEL DELIR	4
7 Amount (\$)	8 Payee address;	City; State; Zip Code
51.75	3208 RIVERLAKES DRIVE	HURST TX 76053
9 TYPE OF EXPENDITURE	Political Non-Politi	cal
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FEES	PHOTOGRAPHY SERVICES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	ce sought Office held  COTTOUNCIL
Date 06/29/2020	Payee name ROXANNE'S COVID-	19 CAM PAIGN
Amount (\$)	Payee address;	City; State; Zip Code
20.00	P.O. BOX 162253	FORT WORTH TX 76161
TYPE OF EXPENDITURE	Political Non-Politi	ical
<u> </u>	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	CONTRIBUTION/BONATION	FACE BOOK FUNDRAISER
	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 Officeholder	ce sought Office held
- 1 feet remains		
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDED