

# 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:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

CARLOS

E

NICKNAME

LAST

SUFFIX

FLORES

**OFFICE USE ONLY**

Date Received

CSO REC'D  
APR 7 '23 PM 3:10

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682) 233-1350

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

ANDREA

NICKNAME

LAST

SUFFIX

ESPINOZA

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2720 NW 25TH STREET

FORT WORTH

TX

76106

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 658-6978

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

Month Day Year

01 / 01 / 2023

THROUGH

03 / 27 / 2023

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other Description

05 / 06 / 2023

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

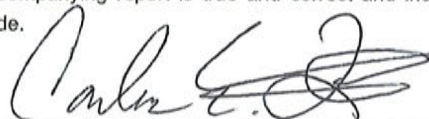
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

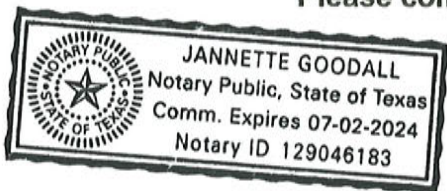
15 C/OH NAME <i>CARLOS E. FLORES</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>∅</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>31,000.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>∅</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2535.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>64,054.50</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>∅</i>

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carlos Flores this the 7 day of April, 2023, to certify which, witness my hand and seal of office.

Jannette S. Goodall Jannette S. Goodall Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>CARLOS E. FLORES</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>31,000<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2535<sup>00</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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>450<sup>00</sup></i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>CARLOS E. FLORES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/06/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM LANDRETH</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>2627 TILLAR ST. FORTWORTH, TX 76107</b>		
8 Principal occupation / Job title (See Instructions) <b>REAL ESTATE</b>		9 Employer (See Instructions)
Date <b>02/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT PETRIE</b>	Amount of contribution (\$) <b>3500.00</b>
Contributor address; City; State; Zip Code <b>7217 CHARLENE CT. AZLE, TX 76020</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY ANIFIN</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7020 CASTLE CREEK CT. FORTWORTH, TX 76132</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>02/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE &amp; BRENDA KOSTOHRYZ</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>20 WESTOVER ROAD FORTWORTH, TX 76107</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEONARD FIRESTONE</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>3905 MONTICELLO DRIVE FORT WORTH, TX 76107</i>		
8 Principal occupation / Job title (See Instructions) <i>MANAGER</i>		9 Employer (See Instructions) <i>SELF-EMPLOYED</i>
Date <i>02/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD CASAREZ</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>6900 LA CANTERA DRIVE FORT WORTH, TX 76108</i>		
Principal occupation / Job title (See Instructions) <i>VP</i>		Employer (See Instructions)
Date <i>02/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALFRED SAENZ</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>621 LILLARD ROAD ARLINGTON, TX 76012</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>MULTATECH</i>
Date <i>02/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>I-N FIREFIGHTERS COMMITTEE</i>	Amount of contribution (\$) <i>5000.00</i>
Contributor address; City; State; Zip Code <i>3855 TULSA WAY FORT WORTH TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD CARR</i>	7 Amount of contribution (\$) <i>2000.00</i>
6 Contributor address; City; State; Zip Code <i>8509 CROSSWIND DR. FORTWORTH TX 76179</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>03/06/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDREW A. SCHATTE</i>	Amount of contribution (\$) <i>3000.00</i>
Contributor address; City; State; Zip Code <i>5330 MONTROSE BLVD. HOUSTON, TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>03/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SARAH &amp; ADAM LANCARTE</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>3708 CRESTHAVEN FORT WORTH, TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>SELF</i>
Date <i>03/01/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE AND ROSIE MONCRIEF</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>777 TAYLOR STREET FORT WORTH, TX 76102</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>SELF</i>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRIAN W. DUNAWAY</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>2308 WINTON TERRACE FORT WORTH, TX 76109</i>	
8 Principal occupation / Job title (See Instructions) <i>DEVELOPER</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>03/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES R. DUNAWAY</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>500 ALTA DRIVE FORT WORTH, TX 76107</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>SELF</i>
Date	Full name of contributor <input type="checkbox"/> out-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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>02/10/23</i>	<b>5</b> Payee name <i>MURPHY MAFICA</i>	
<b>6</b> Amount (\$) <i>1000.00</i>	<b>7</b> Payee address; <i>815-A BRAZOS STREET</i>	City; State; Zip Code <i>AUSTIN TX 78701</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DIST. 2</i>
		Office held <i>CITY COUNCIL DIST 2</i>
Date <i>02/14/23</i>	Payee name <i>STOCKYARDS</i>	
Amount (\$) <i>285.00</i>	Payee address;	City; State; Zip Code <i>FORT WORTH TX 76164</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>FOOD/BEVERAGE</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 DIST. 2</i>
		Office held <i>CITY COUNCIL DIST 2</i>
Date <i>03/1/23</i>	Payee name <i>CITY OF FORT WORTH</i>	
Amount (\$) <i>100.00</i>	Payee address;	City; State; Zip Code <i>FORT WORTH TX</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEE</i>	Description <i>CANDIDATE FILING FEE</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 DIST. 2</i>
		Office held <i>CITY COUNCIL DIST 2</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>02/03/23</i>	<b>5</b> Payee name <i>RACHEL DELIKIA</i>	
<b>6</b> Amount (\$) <i>150.00</i>	<b>7</b> Payee address; <i>3208 RIVERLAKE DRIVE</i>	City; State; Zip Code <i>HURST TX 76053</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FEE</i>	<b>(b)</b> Description <i>PHOTOGRAPHY</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DIST. 2</i>
		Office held <i>CITY COUNCIL DIST. 2</i>
Date <i>02/10/23</i>	Payee name <i>INSTALL/CONNECT, INC.</i>	
Amount (\$) <i>1000.00</i>	Payee address; <i>505 W STATE ST.</i>	City; State; Zip Code <i>GARLAND TX 75040</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FEE</i>	Description <i>SIGNS</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 DIST. 2</i>
		Office held <i>CITY COUNCIL DIST. 2</i>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <i>1</i>	<b>2</b> FILER NAME <i>CARLOS E. FLORES</i>		<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <i>03/21/23</i>	<b>5</b> Payee name <i>STOCKYARDS BUSINESS ASSOCIATION</i>				
<b>6</b> Amount (\$) <i>25.00</i>	<b>7</b> Payee address;		City	State	Zip Code
			<i>FOOTWORTH</i>	<i>TX</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <i>FEE</i>		<b>(b)</b> Description (See instructions regarding type of information required.) <i>LUNCHEON</i>		
Date <i>01/14/23</i>	Payee name <i>NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM</i>				
Amount (\$) <i>400.00</i>	Payee address;		City	State	Zip Code
	<i>2029 N. MAIN STREET</i>		<i>FORT WORTH, TX</i>		<i>76164</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>CONTRIBUTION/DONATION</i>		Description (See instructions regarding type of information required.)		
Date <i>01/16/23</i>	Payee name <i>GREATER FORT WORTH MLK HOLIDAY COMMITTEE</i>				
Amount (\$) <i>25.00</i>	Payee address;		City	State	Zip Code
			<i>FOOTWORTH, TX</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <i>FEE</i>		Description (See instructions regarding type of information required.) <i>MLK PARADE</i>		
Date	Payee name				
Amount (\$)	Payee address;		City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**