

OFFICIAL RECORD**CITY SECRETARY
FT. WORTH, TX****CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****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: **9****OFFICE USE ONLY**

Date Received

**CSO REC'D
APR 28 '23 PM12:01**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

MS / MRS / MR

CARLOS

FIRST

MI

E

NICKNAME

FLORES

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

 Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 233-13506 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

MS / MRS / MR

ANDREA

FIRST

MI

NICKNAME

ESPINOZA

LAST

SUFFIX

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
03 / 27 / 2023 THROUGH **04 / 26 / 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)
FW CITY COUNCIL DISTRICT 213 OFFICE SOUGHT (if known)
FW CITY COUNCIL DISTRICT 214 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

COMMITTEE ADDRESS

 SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

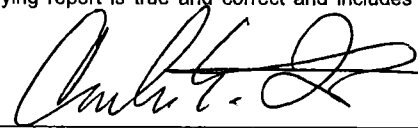
 Additional Pages**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16350. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 520. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76377. ⁹⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

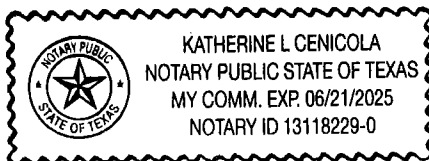
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 28 day of April, 2023, to certify which, witness my hand and seal of office.

Kath C Katherine Cenicola Coordinator
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

19 FILER NAME <i>CARLOS E. FLORES</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>16,350.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>∅</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>∅</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>520.⁰⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>∅</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>∅</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>∅</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>∅</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5.³³</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>∅</i>

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: 4
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALFRED MICALLES	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1401 N BONIE DR. WEATHERFORD, TX 76086		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) SELF
Date 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD BARNES	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 4450 HARLEY AVE. FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) FWSER
Date 04/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD GORRONDONA	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 2600 W 7TH ST. FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 04/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN MALLICK	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions) SELF
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <u>4</u>
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS E. FLORES	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 6129 PADDLEFISH DR. FORTWORTH, TX 76179		
8 Principal occupation / Job title (See Instructions) PROPERTY MGT.		9 Employer (See Instructions) SELF
Date 04/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD SULLIVAN	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1155 SCOTLAND AVE. AZLE, TX 76020		
Principal occupation / Job title (See Instructions) RESTAURANT		Employer (See Instructions) SELF
Date 04/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAN GLEASON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 101 EAST RIVERWALK PUEBLO, CO 81003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PBR
Date 04/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK GOTTSCH	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 22424 WRIGHT ST. ELKHORN, NE 68022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) COWBOY CHANNEL

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNIE TARUT	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 4668 PALENCIA DRIVE FORTWORTH, TX 76126		
8 Principal occupation / Job title (See Instructions) RETAILER		9 Employer (See Instructions)
Date 04/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH TEXAS SHREDDING, INC.	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 3824 N. COMMERCE FORTWORTH, TX 76106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACCOUNTABLE GOVERNMENT FUND	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 430 OLD FITZHUGH #7 DRIPPING SPRINGS TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMER AND NAILS CLUB - CANDIDATE	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 100 E 16TH ST. SUITE 600 FORTWORTH, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS D. GLEGG	7 Amount of contribution (\$) 150.⁰⁰
6 Contributor address; City; State; Zip Code 10404 GRAYHAWK LN. KELLER, TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) PELOTON
Date 03/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF O'QUINN	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 6120 TEN MILE BRIDGE RD FORT WORTH, TX 76135		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 03/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES R. DUNAWAY	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 500 ALTA DRIVE FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>CARLOS E. FLORES</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/12/23</u>	5 Payee name <u>LONG DOG CONSULTING</u>	
6 Amount (\$) <u>520.00</u>	7 Payee address; City; State; Zip Code <u>3201 ODESSA AVENUE FORT WORTH, TX 76109</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	(b) Description <u>SIGNAGE</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CARLOS E. FLORES</u>	Office sought <u>FW CITY COUNCIL DIST. 2</u>
		Office held <u>FTW CITY COUNCIL</u>

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

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

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

**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.

1 Total pages Schedule I: <i>1</i>	2 FILER NAME <i>CARLOS E. FLORES</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>04/18/23</i>	5 Payee name <i>REVIVE COFFEE</i>			
6 Amount (\$) <i>5.33</i>	7 Payee address; <i>2503 ROOSEVELT AVENUE</i>	City <i>FORT WORTH,</i>	State <i>TX</i>	Zip Code <i>76164</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>FOOD/BEVERAGE</i>		(b) Description (See instructions regarding type of information required.) <i>COFFEE MEETING</i>	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED