

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST CARLOS	MI E
	NICKNAME	LAST FLORES	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST ADREA	MI
	NICKNAME	LAST ESPINOZA	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2720 NW 25TH STREET FORT WORTH, TX 76106		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(817) 658-6978		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		
	01 / 01 / 2024 THROUGH 06 / 30 / 2024		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CITY COUNCIL DISTRICT 2		CITY COUNCIL DISTRICT 2
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

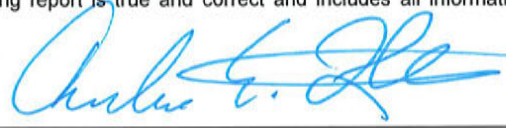
GO TO PAGE 2

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>Ø</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4150.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>27.06</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>116440.49</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>Ø</i>

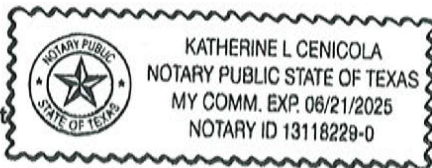
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 15 day of July,

2024, to certify which, witness my hand and seal of office.

Katheri Cuidan Katherine Cenicola 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

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>4150.⁰⁰</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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>27.⁰⁰</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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2051.³⁹</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: 2
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN DUNAWAY	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 2308 WINTON TERRACE WEST FORT WORTH, TX 76109		
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date 01/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JON WENRICH	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 113 CHERRY STREET SEATTLE, WA 98104		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PARK HORSE AVIATION
Date 06/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BERZINA	Amount of contribution (\$) 400⁰⁰
Contributor address; City; State; Zip Code 6912 VISTA RIDGE DRIVE WEST FORT WORTH, TX 76132		
Principal occupation / Job title (See Instructions) COMMERCIAL REAL ESTATE		Employer (See Instructions) TEXDEVCO
Date 06/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT PETRIE	Amount of contribution (\$) 3000⁰⁰
Contributor address; City; State; Zip Code 7217 CHARLENE CT. AZLE, TX 76020		
Principal occupation / Job title (See Instructions) DEVELOPER		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: 2
2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE SELLERS GREENE	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 844 BLACKASH FORT WORTH, TX 76131		
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME <i>CARLOS E. FLORES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/29/24</i>	5 Payee name <i>PRINTED THREADS</i>	
6 Amount (\$) <i>27.06</i>	7 Payee address; City; State; Zip Code <i>210 SOUTH FWY. FORT WORTH, TX 76104</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>SHIRT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CARLOS E. FLORES</i>	Office sought <i>CITY COUNCIL DISTRICT 2</i>
		Office held <i>CITY COUNCIL DIST. 2</i>

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

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

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**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: 4	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 01/12/24	5 Payee name NATIONAL MULTICULTURAL WESTERN HERITAGE MUSEUM			
6 Amount (\$) 234.⁰⁰	7 Payee address; 2029 N MAIN STREET FORT WORTH, TX 76164	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) EVENT EXPENSE	(b) Description (See instructions regarding type of information required.) EVENT TICKETS		
Date 01/22/24	Payee name GO FUND ME "SAVE MS. RODRIGUEZ"			
Amount (\$) 25.⁰⁰	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION	Description (See instructions regarding type of information required.) MEDICAL EXPENSES		
Date 02/09/24	Payee name ESPERANZA'S RESTAURANT & BAKERY			
Amount (\$) 35.⁶⁷	Payee address; 2122 N MAIN STREET FORT WORTH, TX 76164	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE EXPENSE	Description (See instructions regarding type of information required.) BUSINESS LUNCH		
Date 03/01/24	Payee name GIRLS INC TARRANT COUNTY			
Amount (\$) 25.⁰⁰	Payee address; 304 E VICKERY BLVD. FORT WORTH, TX 76104	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION	Description (See instructions regarding type of information required.) CONTRIBUTION		

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 03/25/24	5 Payee name UNBOUND			
6 Amount (\$) 26.⁰¹	7 Payee address; 5049 TRAIL LAKE DRIVE FORT WORTH, TX 76133		City	State
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) DONATION		(b) Description (See instructions regarding type of information required.) DONATION	
Date 04/01/24	Payee name BIKE MS : TEXAS MS 150 2024			
Amount (\$) 50.⁰⁰	Payee address; 733 THIRD AVENUE NEW YORK, NY 10017		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) DONATION NATIONAL MS SOCIETY	
Date 04/03/24	Payee name ALL SAINTS CATHOLIC SCHOOL : FATHER JASSO TUITION ASSISTANCE			
Amount (\$) 550.⁰⁰	Payee address; 2006 N. HOUSTON FORT WORTH, TX 76164		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) DONATION		Description (See instructions regarding type of information required.) SPONSORSHIP	
Date 04/08/24	Payee name CITY OF FORT WORTH			
Amount (\$) 100.⁰⁰	Payee address; 200 TEXAS STREET FORT WORTH, TX 76102		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEE		Description (See instructions regarding type of information required.) EVENT FEE	

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/24	5 Payee name JOE T. GARCIA'S RESTAURANT			
6 Amount (\$) 25.00	7 Payee address; 2201 N. COMMERCE STREET	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE		(b) Description (See instructions regarding type of information required.) BUSINESS LUNCH	
Date 05/10/24	Payee name CHICK-FIL-A			
Amount (\$) 433.00	Payee address; 2811 N. MAIN STREET	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE		Description (See instructions regarding type of information required.) M.H. MOORE ELEMENTARY TEACHER APPRECIATION	
Date 05/30/24	Payee name LOS VAQUEROS			
Amount (\$) 38.39	Payee address; 2629 N. MAIN STREET	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE		Description (See instructions regarding type of information required.) BUSINESS LUNCH	
Date 06/21/24	Payee name JIMMY JOHN'S			
Amount (\$) 24.32	Payee address; 1000 8TH AVENUE	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FOOD/BEVERAGE		Description (See instructions regarding type of information required.) BUSINESS LUNCH	

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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.

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1 Total pages Schedule I: 4	2 FILER NAME CARLOS E. FLORES		3 Filer ID (Ethics Commission Filers)	
4 Date 06/24/24	5 Payee name CITY OF FORT WORTH			
6 Amount (\$) 370.00	7 Payee address; 200 TEXAS STREET FORT WORTH, TX 76102		City	State
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES		(b) Description (See instructions regarding type of information required.) EVENT FEE	
Date 04/09/24	Payee name HARDEE JOSEPH			
Amount (\$) 115.00	Payee address; REF A Rp 0535FB4		City	State
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) CONTRIBUTION		Description (See instructions regarding type of information required.) U S NAVY WEEK	
Date	Payee name			
Amount (\$)	Payee address;		City	State
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
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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