
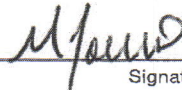
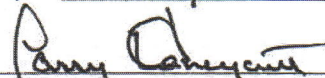


STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE NAME	MS / MRS / MR FIRST MI Mr. Michael NICKNAME LAST SUFFIX Torres	OFFICE USE ONLY Date Received 	
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 121 Ina Ct. Kyle Tx 78640		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 667-3905		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Linda E NICKNAME LAST SUFFIX Garcia	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 225 Zachs Path Buda Tx 78610		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 750-9190		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2015 THROUGH 12 / 31 / 2015		
11 CONVENTION / ELECTION DATE	Month Day Year 03 / 01 / 16	12 OFFICE SOUGHT Constable Pct. 2	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable) Hays Co Democratic		
GO TO PAGE 2			

FORM SC C/OH
COVER SHEET PG 2

<p>18 AFFIDAVIT</p>		<p>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.</p>	
<div style="border: 2px solid black; padding: 5px; display: inline-block;"><div style="margin-left: 10px;">LARRY HONEYCUTT MY COMMISSION EXPIRES March 10, 2019</div></div>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Signature of Candidate</p>	
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>			
<p>Sworn to and subscribed before me, by the said <u>Michael Torres</u>, this the <u>18th</u> day of <u>January</u>, 20 <u>16</u>, to certify which, witness my hand and seal of office.</p>			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Signature of officer administering oath</p>		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>Larry Honeycutt</u></div> <p>Printed name of officer administering oath</p>	
		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>Notary</u></div> <p>Title of officer administering oath</p>	

SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3****19. CANDIDATE NAME**
Michael Torres**20. Filer ID (Ethics Commission Filers)****21. SCHEDULE SUBTOTALS**
NAME OF SCHEDULE**SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3003.35
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 113.29
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	\$ 2750.54
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Michael Torres		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 6/12/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Medrano 7 Contributor address; City; State; Zip Code 250 S Stagecoach Trail, Apt 137 San Marcos TX 78666	8 Amount of Contribution \$ \$106.79	9 In-kind contribution description supplies for fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Medrano Contributor address; City; State; Zip Code 250 S. Stagecoach Trail, Apt 137 San Marcos, TX 78666	Amount of Contribution \$ 6.50	In-kind contribution description supplies for fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law 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 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:		2 FILER NAME Michael Torres		3 Filer ID (Ethics Commission Filers)	
4 Date 6/29/2015		5 Payee name Vista Print			
6 Amount (\$) 46.98		7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <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 Michael Torres		Office sought Constable Pct 2	
Date 8/24/2015		Payee name Vista Print			
Amount (\$) 157.49		Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 Michael Torres		Office sought Constable Pct 2	
Date 10/1/2015		Payee name L. East Poultry			
Amount (\$) 316.80		Payee address; City; State; Zip Code 2615 E 6th Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food expense		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 Michael Torres		Office sought Constable Pct 2	

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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
Credit Card Payment

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 F1:		2 FILER NAME Michael Torres		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2015		5 Payee name Sam's			
6 Amount (\$) 100.45		7 Payee address; City; State; Zip Code Southpark Meadows Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <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 Michael Torres		Office sought Constable Pct 2	
Date 10/1/2015		Payee name Walmart			
Amount (\$) 75.52		Payee address; City; State; Zip Code Buda, TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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 Michael Torres		Office sought Constable Pct 2	
Date 10/17/2015		Payee name Walmart			
Amount (\$) 148		Payee address; City; State; Zip Code Buda, TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event expense		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 Michael Torres		Office sought Constable Pct 2	

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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
Credit Card Payment

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 F1:		2 FILER NAME Michael Torres		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/2015		5 Payee name Yeyos			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code Kyle, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <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 Michael Torres		Office sought Constable Pct 2	
Date 12/6/2015		Payee name Sam's			
Amount (\$) 187.17		Payee address; City; State; Zip Code Southpark Meadows Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		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 Michael Torres		Office sought Constable Pct 2	
Date 12/7/2015		Payee name Hays County Democratic Party			
Amount (\$) 375		Payee address; City; State; Zip Code San Marcos, TX 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		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 Michael Torres		Office sought Constable Pct 2	

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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
Credit Card Payment

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 F1:		2 FILER NAME Michael Torres		3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2015		5 Payee name Super Cheap Yard Signs			
6 Amount (\$) 321.94		7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Ste 100 Austin TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <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 Michael Torres		Office sought Constable Pct 2	
Date 12/16/2015		Payee name Super Cheap Yard Signs			
Amount (\$) 112.38		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Ste 100 Austin TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 Michael Torres		Office sought Constable Pct 2	
Date 9/15/2015		Payee name RaSport			
Amount (\$) 544.82		Payee address; City; State; Zip Code 1860 D E. Miraloma Ave Placentia, CA 92870			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 Michael Torres		Office sought Constable Pct 2	

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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
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Gift/Awards/Memorials Expense
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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 F1:	2 FILER NAME <div style="text-align: center;">Michael Torres</div>	3 Filer ID (Ethics Commission Filers)
4 Date 9/7/2015	5 Payee name RaSport inc	
6 Amount (\$) 220.70	7 Payee address; City; State; Zip Code 1860 D E Miraloma Ave Placentia, CA 92870	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description <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		
<div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name Michael Torres</div> <div>Office sought Constable Pct 2</div> <div>Office held</div> </div>		
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	
<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name Michael Torres</div> <div>Office sought Constable Pct 2</div> <div>Office held</div> </div>		
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	
<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name Michael Torres</div> <div>Office sought Constable Pct 2</div> <div>Office held</div> </div>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		