# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG 1

		The state of the s			O T-1-1	
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  Mr. Michael		MI		OFFICE US	SE ONLY
	NICKNAME LAST		SUFF	-	Date Received	
	Torres				Dr.	
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CO	ODE	REC JAN 1 S ELECTION	EWED
Change of Address	121 Ina Ct.	Kyle Tx	78	640	LECTION	2016
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER		EXTENSION	Į,	AIO, A	OFFIC'
PHONE	( 512 ) 667-390	05				
6 CAMPAIGN	MS / MRS / MR FIRST		MI		Date Hand-delivered or	Date Postmarked
TREASURER NAME	Mrs. Linda		E		Receipt #	Amount \$
	NICKNAME LAST		SUFF	IX .	Date Processed	
	Garcia			100000000000000000000000000000000000000	Date Flocessed	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STAT	E;	ZIP CODE	
TREASURER ADDRESS	225 Zachs Path	Bud	la Tx 7861	10		
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER		EXTENSION			
PHONE	( 512 ) 750-9190					
9 REPORT TYPE	January 15 30	th day before convention	n / election		Runoff	
,	July 15 8th	n day before convention	/ election	F	inal report (Atlach SC C/O	H - FR)
10 PERIOD COVERED	Month Day Year 201	5 <sub>THROUGH</sub>	Month	2/3	,	
11 CONVENTION/ ELECTION	Month Day Year 03 / 01 / 16	12 OFFICES	OUGHT		STATE CHAIR	
DATE	00 / 01 / 10				COUNTY CHAIR	
		Constable	e Pct. 2			
13 POLITICAL PARTY	Hays Co Democrati		NTY (If Applicable)		<i>†</i> .	
GO TO PAGE 2						

## STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

### FORM SC C/OH COVER SHEET PG 2

14 CANDIDATE NAM Michael Torre			15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures.				
	COMMITTEE TYPE	COMMITTEE NAME	ASSISTANCE AND ASSIST		
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION		/			
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 3003.35		
EXPENDITURE TOTALS	RE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS \$				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES \$ 2750.54			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA REPORTING PERIOD	\$ 252.81		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD	OF THE \$		
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.    LARRY HONEYCUTT   MY COMMISSION EXPIRES   March 10, 2019					
Sagarana		Signate	ure of Candidate		
	amp/sealabove	by the saidMichael Torres	, this the		
day of Januar		, 20 , to certify which, witness my han			
Jany Cal	negent	Larry Honeyoutt	Notary		
Signature of officer as	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

#### **SUBTOTALS - SC C/OH**

### FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME Michael Torres	nmission Filers)			
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 2750.54		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$		
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				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedulo A2:		
2 FILER NAME Michael Torres			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6/12/15	Saul Medrano		8 Amount of Contribution \$ . 9 In-kind contribution description supplies for fundraiser.  \$106.79 Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	95.17			
Date  Full name of contributor			Amount of . In-kind contribution Contribution \$ description 6.50 supplies for fundraiser  Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r 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.					

#### 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
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Wares/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
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 (\$)	7 Payee address; City; State; Zip Code	
46.98	95 Hayden Ave Lexington, MA 02421	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Advertising Expense	Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oh	Michael Torres	Constable Pct 2
Date	Payee name	
8/24/2015	Vista Print	
Amount (\$)	Payee address; City; State; Zip Code	
157.49	95 Hayden Ave Lexington MA 02421	
	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name Michael Torres	Office sought Office held
expenditure to benefit C/OF	- mender remed	Constable Pct 2
Date 10/1/2015	Payee name L. East Poultry	
Amount (\$)	Payee address; City; State; Zip Code	
316.80	2615 E 6th Austin, TX 78701	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Food expense	Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	× ,	Cilear ii Austin, 17, oliloetiolder living expense
Complete CNII V if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Oi		Constable Pct 2
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printin	g Expense I ravel In District g Expense Travel Out Of District ox/Wages/Contract Labor Other (enter a category not listed above) 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 (\$)	7 Payee address; City; State; Zip Code	9
100.45	Southpark Meadows Austin, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Food/Beverage Expense	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		L Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Michael Torres	Office sought Office held Constable Pct 2
Date	Payee name	
10/1/2015	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
75.52	Buda, TX 78610	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE		Groot i Additi, 1A, directioner willig expense
Complete ONLY if direct	Candidate / Officeholder name Michael Torres	Office sought Office held
expenditure to benefit C/OH	Wichael Folles	Constable Pct 2
Date 10/17/2015	Payee name Walmart	
Amount (\$)	Payee address; City; State; Zip Code	)
148	Buda, TX 78610	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Event expense	Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Michael Torres	Office sought Office held Constable Pct 2
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete 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 Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  H Michael Torres	Office sought Office held 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  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H Michael Torres	Office sought Office held  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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Michael Torres	Office sought Office held Constable Pct 2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printi	rg Expense Travel In District ing Expense Travel Out Of District ing Expense Travel Out Of District Other (enter a category not listed above)  to complete this form.		
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
4 Date 12/16/2015	5 Payee name Super Cheap Yard Signs			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
321.94	9200 Waterford Centre Blvd Ste 100 Aus	stin TX 78758		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE	Advertising Expense	Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Michael Torres	Office sought Office held Constable Pct 2		
Date	Payee name			
12/16/2015	Super Cheap Yard Signs			
Amount (\$)	Payee address; City; State; Zip Coo			
112.38	9200 Waterford Centre Blvd Ste 100 A	Austin TX 78758		
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE	Advertising Expense	Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Michael Torres	Constable Pct 2		
Date 9/15/2015	Payee name RaSport			
Amount (\$)	Payee address; City; State; Zip Coo	de		
544.82	1860 D E. Miraloma Ave Placentia, CA	92870		
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE	Advertising Expense	Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	Michael Torres	Constable Pct 2		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			ense	Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	al Committee	The Instruction Guide explain			Children a datagery has haded asserted
1 Total pages Schedule F1;	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
, ,		Michael Torre	es		
4 Date 9/7/2015	5 Payee na RaSport	ame inc			
6 Amount (\$)	7 Payee a	ddress; City; State; Z	Zip Code		
220.70	1860	D E Miraloma Ave Placentia	, CA 92870		
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE	Adver	rtising Expense			utside of Texas, Complete Schedule T.
OF EXPENDITURE				Check if Auslin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name chael Torres		Office sought Constable Pct 2	Office held
Date	Payee na	ame	AND THE STREET OF THE STREET O		
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
PURPOSE OF	Category	y (See Categories listed at the top of this	schedule)		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name dichael Torres		Office sought Constable Pct	Office held 2
Date	Payeen	ame			
Amount (\$)	Payee a	ddress; City; State;	Zip Code		
	Categor	y (See Categories listed at the top of this	schedule)	Description	17 O
PURPOSE OF EXPENDITURE					utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name chael Torres		Office sought Constable Pc	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					