STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruc	tion Guide explains how to complet	1 Filer ID (Ethics Commission	2 Total page	es filed:
3 CANDIDATE NAME	MS/MRS/MR FIRST Mr Michael NICKNAME LAST	MI SUFF		CE USE ONLY
	Torres			
4 CANDIDATE ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #, 121 Ina Ct	Kyle TX 786	JUL	1 52019 ons Office
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER 667-3905	EXTENSION		ono omoc
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs Linda NICKNAME LAST Garcia	MI E SUFF	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); A 225 Zachs Path	Buda TX	78616	_
8 CAMPAIGN TREASURER PHONE	(512) PHONE NUMBER 750-9190	EXTENSION		
9 REPORT TYPE		day before convention / election	Finel report (Attach	BC C/OH - FR)
10 PERIOD COVERED	Month Day Year 01/ 01 / 2019	Monits 06 THROUGH	Oay Year 201	9
11 CONVENTION / ELECTION DATE	11 3 Year 2020	12 OFFICE SOUGHT Hays County Pct 2 Constable	STATE CHAIR COUNTY CHAIR	
13 POLITICAL PARTY		COUNTY (II Applicable)		
GO TO PAGE 2				

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

This box is for notice of political expenditures by political committies to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report the information only if they receive notice of support the candidate's knowledge or consent. Candidates are required to report the information only if they receive notice of support the candidate's knowledge or consent. Candidates are required to report the information only if they receive notice of support the candidate. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS 17 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLECOSES, LOANS, OR QUARANTEES OF LOANS), UNLESS TREMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLECOSES, LOANS, OR QUARANTEES OF LOANS). UNLESS TREMIZED EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS \$ TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OF THE REPORTING PERIOD CONTRIBUTION BALANCE CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OF THE REPORTING PERIOD 18 AFFIDAVIT 18 AFFIDAVIT 18 WEAR, or affirm, under cenalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Thile 15, Bedrigo Code. Signature of Candidates Signature of Candidates Signature of Candidates	14 CANDIDATENAME Michael Torr		1!	5 Filer ID (Ethics Commission Filers)	
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RHONDA MARIE TREVINO Notary ID #5954675 My Commission Expires November 26, 2021 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 Tritle 15, Election Code.	1,741,111			F THE \$ 1288.40	
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November 26, 2021 M J Quin	1 (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	otary ID #5954675	Ciliber Hille 10, Electricy 0000.	$\overline{}$	
// Signature of Candidate		•	Moura		
·					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Michael Torres, this the, this the					
day of July, 20_19, to certify which, witness my hand and seal of office.					
Rhonda M. Charce Rhonda M Trevino Notary	Rhada M.	neven	Rhonda M Trevino	Notary	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer adr	ministering cath		Title of officer administering cath	

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME Michael Torres 20. Filer ID (Ethics of	Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1. MONETARY POLITICAL CONTRIBUTIONS	\$ 1973.07
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	_{\$} 743.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEOULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$
	<u></u>	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Operations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Severage Expense Gitf/Awards/Memonats Expense Legal Services Loan Repayment/Remibursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	viol (onto a anagal y rist natural and a	
1 Total pages Schedule F1:	² FILER NAME Michael Torres	3	Filer 1D (Ethics Commission Filers)	
4 Date 3/22/2019	5 Payes name Kyle Chamber of Commerce			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
109	PO Box 900 Kyle, Tx 78640			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Other Expense		e of Texas, Complete Schedule T.	
OF EXPENDITURE	Membership	L) Check if Austin, T)	K, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/13/2019	Halo Branded Solutions			
Amount (\$)	Payee address; City; State; Zip Code			
534.19	PO Box 657 Sterling, IL 610	81		
_	Category (See Categories lated at the top of this schedule)	Description		
FUNFOSE		1 1	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX	C, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/31/2019	LBJ Museum			
Amount (\$)	Payee address; City; State; Zip Code			
100	2313 Red River St Austin, TX 78	3705		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation		e of Texas. Complete Schedule T.	
OF EXPENDITURE	Donation	Check if Austin, TX	K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	