

# 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Michael Torres<br>NICKNAME LAST SUFFIX   | <b>OFFICE USE ONLY</b><br>Date Received<br><br><div style="text-align: center; color: blue; font-weight: bold;">Hays Co. Elections</div> <div style="text-align: center; color: red; font-weight: bold;">JUL 14 2023</div> <div style="text-align: center; color: blue; font-weight: bold;">RECEIVED</div> Date Hand-delivered or Date Postmarked  |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>270 Kennicott Dr Kyle, TX 78640                | Receipt # Amount \$<br>Date Processed<br>Date Imaged   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 667-3905   |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Linda Garcia<br>NICKNAME LAST SUFFIX   | Receipt # Amount \$<br>Date Processed<br>Date Imaged   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>225 Zachs Path Buda, TX 78610 |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 750-9190   | 9 REPORT TYPE<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 16</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |                      |
| 10 PERIOD COVERED  | Month Day Year<br>1 / 1 / 2023 THROUGH Month Day Year<br>6 / 30 / 2023                                   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11 / 3 / 2020   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>Hays County PCT 2 Constable  | 13 OFFICE SOUGHT (if known)  |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

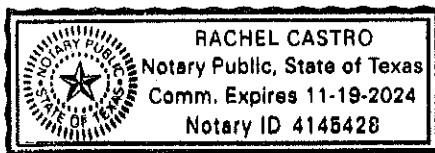
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Mike Torres** 15 Filer ID (Ethics Commission Filers)

|   |   |                                   |
|---|---|-----------------------------------|
| 16 NOTICE FROM<br>POLITICAL<br>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                    |
|   | <input type="checkbox"/> GENERAL  |                                   |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS                 |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME |
| <input type="checkbox"/> Additional Pages   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                   |

|                         |   |            |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 1337.34 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$         |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 813.11  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 813.11  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 1711.61 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$         |

## 18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Michael Torres*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Torres, this the 14<sup>th</sup> day of July, 20 23, to certify which, witness my hand and seal of office.

*Rachel Castro*

Signature of officer administering oath

*Rachel Castro*

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |           |
|-----|---|-----------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1337   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$        |
| 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   | \$ 813.11 |
| 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 | \$        |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

|  |  |                                       |
|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mike Torres  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>4/16/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beth Smith<br>6 Contributor address; City; State; Zip Code<br>116 Cedar Dr, Mountain City, TX 78610 | 7 Amount of contribution (\$)<br>100  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)         |
| Date<br>4/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linda Rodriguez<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)<br>50     |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date<br>4/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sandra Tenoric<br>Contributor address; City; State; Zip Code<br>373 Tobin Dr Buda TX 78610            | Amount of contribution (\$)<br>50     |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>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<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |                                       |

# 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  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$   | 9 In-kind contribution description |
|   |   | <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  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of Contribution \$   | In-kind contribution description   |
|   |   | <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)  |   |   |                                    |
|   |   |   |                                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |                                    |

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

|   |   |  |   |
|---|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule B:             |   |
| <b>2</b> FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers) |   |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES  |   | \$   |   |
| <b>5</b> Date   | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>7</b> Pledgor address;                      City;    State;    Zip Code | <b>8</b> Amount of Pledge \$                 | <b>9</b> In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (See Instructions)   |   | <b>11</b> Employer (See Instructions)        |   |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;    State;    Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |   |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;    State;    Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |   |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;    State;    Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |   |
|   |   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |   |

**LOANS****SCHEDULE E**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule E:   |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |   | \$   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )       | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial Institution?<br><br>Y    N  | <b>8</b> Lender address;                      City;        State;        Zip Code     | <b>10</b> Interest rate  |
|  |   | <b>11</b> Maturity date  |
| <b>12</b> Principal occupation / Job title (See Instructions)  |   | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><br><input type="checkbox"/> none   |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable   | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address;                      City;        State;        Zip Code |  |
| <b>20</b> Principal Occupation (See Instructions)  |   | <b>21</b> Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y    N   | Lender address;                      City;        State;        Zip Code              | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |
| Description of Collateral<br><br><input type="checkbox"/> none   |   | Check if personal funds were deposited into political account (See Instructions)<br><br><input type="checkbox"/>           |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable   | Name of guarantor   | Amount Guaranteed (\$)   |
|  | Guarantor address;                      City;        State;        Zip Code           |  |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender 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<br>Mike Torres   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br>3/10/2023  |  | 5 Payee name<br>Vista Print   |  |   |  |
| 6 Amount (\$)<br>234.89                                      |  | 7 Payee address; City; State; Zip Code<br>275 Wyman Street, Waltham, MA 02451             |  |   |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   |  | (a) Category (See Categories listed at the top of this schedule)<br><br>Advertising       |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.<br><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   |  | Office sought      Office held  |  |
| Date<br>3/10/2023  |  | Payee name<br>Hudson Meat Market  |  |   |  |
| Amount (\$)<br>117   |  | Payee address; City; State; Zip Code<br>1800 S Congress Ave Austin, TX                    |  |   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | Category (See Categories listed at the top of this schedule)<br><br>Food/Beverage Expense |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.<br><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<br>6/1/2023   |  | Payee name<br>Hays County Youth Athletic Association                                      |  |   |  |
| Amount (\$)<br>150   |  | Payee address; City; State; Zip Code  |  |   |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | Category (See Categories listed at the top of this schedule)<br><br>Advertising           |  | Description<br><input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.<br><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  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS   |   | \$   |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |   |  |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                      |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>           |   |  |
|  |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |  |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(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  
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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$   |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |   |  |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                      |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>           |   |  |
|  |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date  | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code                    |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |   |
| Date   | Payee name   |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |   |
| Date   | Payee name   |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |   |
| Date   | Payee name   |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

|   |   |  |                               |               |
|---|---|--|-------------------------------|---------------|
| <b>1</b> Total pages Schedule H:                      | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |                               |               |
| <b>4</b> Date   | <b>5</b> Business name  |  |                               |               |
| <b>6</b> Amount (\$)                                  | <b>7</b> Business address; City; State; Zip Code  |  |                               |               |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                               |               |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table> |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                         | Office sought   | Office held  |                               |               |
| Date  | Business name   |  |                               |               |
| Amount (\$)   | Business address; City; State; Zip Code   |  |                               |               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>          |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                         | Office sought   | Office held  |                               |               |
| Date  | Business name   |  |                               |               |
| Amount (\$)   | Business address; City; State; Zip Code   |  |                               |               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                               |               |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>          |  | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name                         | Office sought   | Office held  |                               |               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:                  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                                     | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                              | <b>7</b> Payee address; City; State; Zip Code                                 |   |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date  | Payee name  |   |
| Amount (\$)                                       | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | 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  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | 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  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule K:             |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |

|   |  |               |
|---|--|---------------|
| 4 Date  | 5 Name of person from whom amount is received<br><br>.....<br>6 Address of person from whom amount is received;    City;       State;       Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |               |

|   |  |             |
|---|--|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;       State;       Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |             |

|   |  |             |
|---|--|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;       State;       Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |             |

|   |  |             |
|---|--|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;       State;       Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |             |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T:             |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| 5 Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div> |  |                                       |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                       |
|   | 8 Departure city or name of departure location                               |                                       |
|   | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |                                       |



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# 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<br><b>Mike Torres</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>6/1/2023</b>                                    | 5 Payee name<br><b>B&amp;S Embroidery &amp; Screen Printing</b>                             |   |
| 6 Amount (\$)<br><b>311.22</b>                               | 7 Payee address; City; State; Zip Code<br><b>235 Lookout Ridge Loop San Marcos TX 78666</b> |   |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><br><b>Advertising</b>  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date   | Candidate / Officeholder name   |   |
| Amount (\$)  | Office sought   |   |
|  | Office held   |   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)                                | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Date   | Candidate / Officeholder name   |   |
| Amount (\$)  | Office sought   |   |
|  | Office held   |   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)                                | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Date   | Candidate / Officeholder name   |   |
| Amount (\$)  | Office sought   |   |
|  | Office held   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED