

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 | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">David</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Jones</div> | <div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="margin-top: 10px;">Date Received</div> <div style="text-align: center; font-size: 1.2em; color: blue; margin-top: 20px;">07-11-19P03:34 RCYD</div> <div style="text-align: center; margin-top: 10px;"> </div> <div style="margin-top: 20px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 10px;">Date Processed</div> <div style="margin-top: 10px;">Date Imaged</div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | <div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="background-color: black; height: 40px; width: 100%; margin-top: 5px;"></div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="background-color: black; height: 30px; width: 100%; margin-top: 5px;"></div> | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Lety</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Rodriguez</div> | <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-bottom: 5px;">Date Processed</div> <div>Date Imaged</div> </div> | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">1118 N. Exp. 281 Edinburg Tx. 78541</div> | | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 5px;"> (956) 221 - 0488 </div> | | |
| 9 REPORT TYPE | <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 15</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 | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 19 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 19 </div> </div> | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 11 / 05 / 19 </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div> | | |
| 12 OFFICE | <div style="display: flex;"> <div style="width: 50%;"> OFFICE HELD (if any) Edinburg City Councilman </div> <div style="width: 50%;"> 13 OFFICE SOUGHT (if known) </div> </div> | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

| | |
|-------------------------------------|--|
| 14 C/OH NAME <u>David Torres</u> | 15 Filer ID (Ethics Commission Filers) |
|-------------------------------------|--|

| | | |
|--|---|-----------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | 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 | \$ <u>-0-</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>16,500.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>-0-</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>31,147.39</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>21,060.80</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>-0-</u> |

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.

David Torres
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Torres, this the 11th day of July, 2019, to certify which, witness my hand and seal of office.

Elizabeth Rodriguez
Signature of officer administering oath

Elizabeth Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|---|---|
| 19 FILER NAME <i>David Torres</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>Ø</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>Ø</i> |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>Ø</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>Ø</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>Ø</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>Ø</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>Ø</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>Ø</i> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Torres

3 Filer ID (Ethics Commission Filers)

4 Date

6/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Alfonso Quintanilla

7 Amount of contribution (\$)

2,500.00

6 Contributor address;

City; State; Zip Code

100 E. Emory Ave. McAllen Tx. 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

St. Eulalia Holdings LLC Rudy Molina

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

608 S. 12th St. McAllen Tx. 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Rene Ramirez

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1508 S. Lone Star Way Unit 1 Edinburg Tx. 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Omar Ochoa

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David Tomcs

3 Filer ID (Ethics Commission Filers)

4 Date

6/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARIO RYNA

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City; State; Zip Code

201 Bales Rd. Apt-11 McAllen Tx. 78503

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Molina

Amount of contribution (\$)

5,000.00

Contributor address;

City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#:

Orlando Jimenez

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

320 W. McIntyre St Edinburg Tx 78541

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#:

BURNS Brothers LTD KENT BURNS

Amount of contribution (\$)

2,500.00

Contributor address;

City; State; Zip Code

4216 N. Interstate 1-69C Edinburg Tx 78542

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

David TONGS

3 Filer ID (Ethics Commission Filers)

4 Date

6/27/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

G Force Security FRANK GUMMIO

6 Contributor address;

City; State; Zip Code

31115 Business Hwy 281 Edg Tx 78539

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Primo Trading Services LLC Tony Martinez

Contributor address;

City; State; Zip Code

P.O. Box 3599 McAllen Tx. 78502

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/19

Full name of contributor

☐ out-of-state PAC (ID#)

Texas Cordia Const. LLC Yara Corbit

Contributor address;

City; State; Zip Code

3149-A Centurion Dr. Edg Tx 78539

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

David TONES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ 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 ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME David Torres

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#:

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#:

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

David Torres

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender
a financial
Institution?

Y N

8 Lender address;

City;

State;

Zip Code

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political
account (See Instructions)☐**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political
account (See Instructions)☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 David Torres | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01-08-19 | | 5 Payee name Yolanda Niño | | | |
| 6 Amount (\$) 1,000.00 | | 7 Payee address: City; State; Zip Code 900 E. Louisa St. Edinburg TX 78541 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contract Labor | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 01-22-19 | | Payee name Anthony Lara | | | |
| Amount (\$) 280.00 | | Payee address: City; State; Zip Code Edinburg TX 78541 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Donation | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraise for Anthony | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 01-24-19 | | Payee name Francis Iglesias | | | |
| Amount (\$) 120.00 | | Payee address: City; State; Zip Code Edinburg TX 78541 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Donation | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraise | |
| 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

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 <i>David Torres</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>01-24-19</i> | 5 Payee name <i>Lions Club - Early Risers</i> | |
| 6 Amount (\$) <i>100.00</i> | 7 Payee address; City; State; Zip Code <i>Edinburg TX. 78541</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Donation</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraiser</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>01-30-19</i> | Payee name <i>IRINE GAIZA</i> | |
| Amount (\$) <i>600.00</i> | Payee address; City; State; Zip Code <i>EAST KUHN ST. Edg. TX 78541</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Services</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>1-31-19</i> | Payee name <i>Main Street CK's</i> | |
| Amount (\$) <i>18.98</i> | Payee address; City; State; Zip Code <i>Greater State Bank - N. 10th St McAllen TX 78501</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Service Charge</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Order CK's</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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 David Torres | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2/4/19 | | 5 Payee name Claudia Esquivel | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address; City; State; Zip Code McAllen Tx. 78501 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contract Labor | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 2/4/19 | | Payee name Angie Ojeda | | | |
| Amount (\$) 500.00 | | Payee address; City; State; Zip Code Mission, Tx. 78572 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contract Labor | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 2/15/19 | | Payee name Copy Plus | | | |
| Amount (\$) 32.66 | | Payee address; City; State; Zip Code N. 10th St- McAllen Tx 78501 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Printing | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME David Torres | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/25/19 | 5 Payee name Greater State Bank | |
| 6 Amount (\$) 325.00 | 7 Payee address; City; State; Zip Code N. 10th St McAllen Tx 78501 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Acc's drawn from wrong Acct by Bank Employee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense will show credited back to this Acct on 7/11/19 by Bank (on West Report) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|--|
| Date 2/26/19 | Payee name Noe Gonzalez Campaign | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code Edinburg, Tx 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date 3-11-19 | Payee name Miguel CAMERA | |
| Amount (\$) 3,000.00 | Payee address; City; State; Zip Code Edinburg Tx 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>David Torres</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|--------------------------|--------------------------------------|
| 4 Date <i>3-18-19</i> | 5 Payee name <i>Leo Castillja</i> |
|--------------------------|--------------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) <i>150.00</i> | 7 Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i> |
|--------------------------------|---|

| | | |
|-----------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Easter Sign</i> |
|-----------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|-----------------------------------|
| Date <i>3-22-19</i> | Payee name <i>Selma Uresti</i> |
|------------------------|-----------------------------------|

| | |
|------------------------------|---|
| Amount (\$) <i>150.00</i> | Payee address; City; State; Zip Code <i>Edinburg TX. 78541</i> |
|------------------------------|---|

| | | |
|------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Sponsor</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Cookout</i> |
|------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------|
| Date <i>3-18-19</i> | Payee name <i>MARI LARA</i> |
|------------------------|--------------------------------|

| | |
|------------------------------|---|
| Amount (\$) <i>100.00</i> | Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i> |
|------------------------------|---|

| | | |
|------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraise for Anthony</i> |
|------------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 David Torres | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/28/19 | 5 Payee name Cristian Life Church | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code N. M. Rd. Edg. Tx. 78541 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/misc |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 3/28/19 | Payee name Miguel Camara | |
| Amount (\$) 2,000.00 | Payee address; City; State; Zip Code Edinburg, Tx. 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/15/19 | Payee name Norma Linda Trevino Elementary | |
| Amount (\$) 70.00 | Payee address; City; State; Zip Code S. Mounick Rd. Edg. Tx 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/misc |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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 David Torres 3 Filer ID (Ethics Commission Filers)

4 Date 05-01-19 5 Payee name Memorial Middle School

6 Amount (\$) 80.00 7 Payee address; City; State; Zip Code N. Doolittle Rd. Edg-Tx 78541

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Donation (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fundraiser

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 5-01-19 Payee name LEONORA ALANIZ

Amount (\$) 1,000.00 Payee address; City; State; Zip Code Edinburg TX 78541

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Contract Labor Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Services

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 5-3-19 Payee name Edinburg Lions Club

Amount (\$) 250.00 Payee address; City; State; Zip Code Edinburg TX 78541

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Sponsor Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fishing Tournament

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>David Torres</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>5-6-19</i> | | 5 Payee name <i>Knights Of Columbus</i> | | | |
| 6 Amount (\$) <i>100.00</i> | | 7 Payee address; City; State; Zip Code <i>Edinburg Tx. 78541</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Donation</i> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraiser</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5-14-19</i> | | Payee name <i>Leo Castilleja</i> | | | |
| Amount (\$) <i>150.00</i> | | Payee address; City; State; Zip Code <i>Edinburg Tx. 78541</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Advertiser</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Mother's Day Sign</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>5/20/19</i> | | Payee name <i>CAMCRA Communications</i> | | | |
| Amount (\$) <i>5,000.00</i> | | Payee address; City; State; Zip Code <i>Edinburg, TX 78541</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Consulting</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Services</i> | |
| 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 | | | | | |

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 David Torres | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/30/19 | 5 Payee name Lety Rodriguez | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code Edinburg TX 78541 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundmiser - Robert Hunter |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/11/19 | Payee name Jose Salinas | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code Edinburg TX 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6/11/19 | Payee name Javier H. Morin Molina | |
| Amount (\$) 600.00 | Payee address; City; State; Zip Code 3903 W. Schuur Edg-TX 78541 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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 <i>David Torres</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6-12-19</i> | 5 Payee name <i>Lupe Rodriguez</i> | |
| 6 Amount (\$) <i>300.00</i> | 7 Payee address; City; State; Zip Code <i>Rodriguez St Edinburg Tx 78541</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Services</i> |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>6/17/19</i> | Payee name <i>Edinburg Early Risers Lions Club</i> | |
| Amount (\$) <i>140.00</i> | Payee address; City; State; Zip Code <i>Edinburg Tx 78541</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraiser</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>6/18/19</i> | Payee name <i>Brand Boosters Co LLC</i> | |
| Amount (\$) <i>9,850.75</i> | Payee address; City; State; Zip Code <i>1514 N. Closter Blvd. Edg-Tx 78541</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Sign's</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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 <i>David Torres</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>6/19/19</i> | | 5 Payee name <i>Capilla San Jose</i> | | | |
| 6 Amount (\$) <i>100.00</i> | | 7 Payee address; City; State; Zip Code <i>Edinburg TX 78541</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Donation</i> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraiser</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>6/25/19</i> | | Payee name <i>Angie Ojeda</i> | | | |
| Amount (\$) <i>1,000.00</i> | | Payee address; City; State; Zip Code <i>Mission, TX 78541</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Services</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>6/26/19</i> | | Payee name <i>Javier H. Morin Molina</i> | | | |
| Amount (\$) <i>500.00</i> | | Payee address; City; State; Zip Code <i>3903 W. Schowior Edb-TX 78541</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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 <i>David Torres</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/27/19</i> | 5 Payee name <i>Bobcat Football Club</i> | |
| 6 Amount (\$) <i>500.00</i> | 7 Payee address; City; State; Zip Code <i>5. Raul Lousoia Rd Edg. Tx 78541 (545)</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Sponsor</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Skat Shoot</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>6/30/19</i> | Payee name <i>Greater State Bank</i> | |
| Amount (\$) <i>30.00</i> | Payee address; City; State; Zip Code <i>N. 10th St. Meriden Tx. 78501</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Monthly Bank Service Fees Jan - June 2019</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY 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.

| | | |
|----------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F2: | 2 FILER NAME <i>David Torres</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

| | |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

| | |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|---------------|--|

| | |
|-----------------------|---|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|---|

| | |
|---------------------------|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|---------------------|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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

David Torres

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.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME <div style="font-family: cursive; font-size: 1.2em; color: blue;">David Torres</div> | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought |
| | | Office held |

| | | |
|--|---|---|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought |
| | | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME <i>David TONGS</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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 | Office sought Office held |

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

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

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
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 H: | 2 FILER NAME <u>David TORRES</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address: City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (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;"> Candidate / Officeholder name Office sought Office held </div> | |
| Date | Business name | |
| Amount (\$) | Business 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;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |
| Date | Business name | |
| Amount (\$) | Business 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;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |
| Date | Business name | |
| Amount (\$) | Business 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;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div> | |

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.

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

| | | |
|--|---|----------------------|
| 4 Date | 5 Name of person from whom amount is received <hr style="border-top: 1px dotted black;"/> 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 <hr style="border-top: 1px dotted black;"/> 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 <hr style="border-top: 1px dotted black;"/> 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 <hr style="border-top: 1px dotted black;"/> 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 <u>David Torres</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><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