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: 23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: CARLOS | MI:
NICKNAME: | LAST: TORRES | SUFFIX: JR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 5006 LETHABY DR. | APT / SUITE #: | CITY: CORPUS CHRISTI, | STATE: TX. | ZIP CODE: 78413

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 877-3444 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: BETTY | MI: JEAN
NICKNAME: | LAST: LONGORIA | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 4205 AARON COVE DR. | APT / SUITE #: | CITY: CORPUS CHRISTI, | STATE: TX. | ZIP CODE: 78413

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 808-9401 | EXTENSION:

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 08 / 17 / 2018 THROUGH 09 / 27 / 2018

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 06 / 2018

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (If any):

13 OFFICE SOUGHT (If known): CITY COUNCIL DISTRICT 5

OFFICE USE ONLY

Date Received

Date Filed: 10/10/18

for Rebecca Huerta
City Secretary

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

SCANNED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
CARLOS TORRES JR.	

16 NOTICE FROM POLITICAL 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.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ 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	$ 10.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7810.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 20.28
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3816.51
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4132.44
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
ALYSHA SARA BERLANGA
ID# 13097332-0
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-19-2021

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.

Carlos Torres Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carlos Torres Jr., this the 10th day of October, 20 18, to certify which, witness my hand and seal of office.

Alysha Sara Berlanga — Alysha Sara Berlanga — Notary Public
Signature of officer administering oath | 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)
CARLOS TORRES JR.	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 7810.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☒ SCHEDULE E: LOANS	$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3716.51
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☒ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 100.00
10.	☒ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 OF 4

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/22/18	STEVE DE LEON	7510 RANCHO VISTA BLVD. CORPUS CHRISTI, TX. 78414	$100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/18	CORPUS CHRISTI FIREFIGHTERS ASSOCIATION - COPE FUND	6014 AYERS ST. CORPUS CHRISTI TX 78415	$2500.00

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 ($)
08/29/18	DAVID ROBERT RESENDEZ	914 GLEN OAK CORPUS CHRISTI, TX 78418	$1000.00

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 ($)
09/04/18	VALDEZ AND BRISTOL INSULATION SERVICES, INC.	4412 LEOPARD ST. CORPUS CHRISTI, TX 78408	$1500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PRESIDENT/OWNER	SELF-EMPLOYED

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 of 4

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/12/18	HERBERT AND LUCY RUBIO	1713 CITATION DR. CORPUS CHRISTI, TX. 78417	$100.00
	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/12/18	DEBORAH A. MARROQUIN	4110 CIMARRON LAKE DR. CORPUS CHRISTI, TX. 78414	$200.00
	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 ($)
9/12/18	GARY OR CLARICIA MOHLER	7034 BEVINGTON DR. CORPUS CHRISTI, TX. 78413	$50.00
	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 ($)
9/12/18	ANNA SALAZAR	8206 CAMPODOLCINO DR. CORPUS CHRISTI, TX. 78414	$150.00
	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: 3 OF 4

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/12/18	HUGO BERLANGA	28 HEWIT DR. CORPUS CHRISTI, TX. 78404	$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
09/12/18	BARBARA G. PENA	5617 NELSON LN. CORPUS CHRISTI, TX. 78411-4743	$100.00
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 ($)
09/12/18	JOE McQUARY	6230 QUEEN JANE ST. CORPUS CHRISTI, TX. 78414-3977	$50.00
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 ($)
09/12/18	ARNOLD AND NELDA DELA PAZ	14617 SWEETWATER CREEK DR. CORPUS CHRISTI, TX. 78410-5637	$350.00
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: 4 OF 4

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/12/18	ERNEST R. GARZA	10201 LEOPARD ST. CORPUS CHRISTI, TX. 78410	$350.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
9/12/18	VALLS CONSULTING GROUP — JOHN EDWARD VALLS	WELLS FARGO BANK TOWER 615 N. UPPER BROADWAY, STE 616 CORPUS CHRISTI, TX. 78401	$250.00

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 ($)
9/12/18	A. BROOKS	7305 DIAMOND RIDGE DR. CORPUS CHRISTI, TX. 78413	$100.00

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 ($)
9/12/18	PHILLIP R. HURST	5401 ADAIR CORPUS CHRISTI, TX. 78413	$500.00

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: 1 OF 1

2 FILER NAME: CARLOS TORRES JR.

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.

NONE

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: 1 OF 1

2 FILER NAME: CARLOS TORRES JR.

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 NONE		☐ 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: 1 OF 1

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#: _____)

NONE

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

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 ☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

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 ☐ none

Check if personal funds were deposited into political account (See Instructions) ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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	3 Filer ID (Ethics Commission Filers)
1 OF 4	CARLOS TORRES JR.	

4 Date	5 Payee name
08/29/18	RICHARD GARCIA

6 Amount ($)	7 Payee address; City; State; Zip Code
$1000.00	4110 BASCULE CORPUS CHRISTI, TX. 78416

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

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

Date	Payee name
09/08/18	RICHARD GARCIA

Amount ($)	Payee address; City; State; Zip Code
$1,225.00	4110 BASCULE CORPUS CHRISTI, TX. 78416

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE POLITICAL SIGNS	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
09/12/18	SOUTH TEXAS ICE HOUSE BAR AND GRILL

Amount ($)	Payee address; City; State; Zip Code
$218.75	6601 EVERHART RD. CORPUS CHRISTI, TX. 78413

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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	3 Filer ID (Ethics Commission Filers)
2 OF 4	CARLOS TORRES JR.	

4 Date	5 Payee name
9/12/18	GULF COAST MAILING + PRINTING SERVICES

6 Amount ($)	7 Payee address; City; State; Zip Code
$227.33	P.O. BOX 9312 CORPUS CHRISTI, TX. 78469

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

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

Date	Payee name
9/13/18	TIMOTHY GARCIA

Amount ($)	Payee address; City; State; Zip Code
$182.00	2130 MEADOWPASS DR. CORPUS CHRISTI, TX. 78414

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OTHER- WEB DOMAIN	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
9/14/18	RICHARD GARCIA

Amount ($)	Payee address; City; State; Zip Code
$600.00	4110 BASCULE CORPUS CHRISTI, TX. 78416

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE- POLITICAL SIGNS	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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	3 Filer ID (Ethics Commission Filers)
3 OF 4	CARLOS TORRES JR.	

4 Date	5 Payee name
9/15/18	WESTSIDE BUSINESS ASSOCIATION

6 Amount ($)	7 Payee address; City; State; Zip Code
$62.50	P.O. BOX 5485 CORPUS CHRISTI, TX. 78465

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	DONATION – ANNUAL COMMUNITY LEADERS AWARDS BANQUET	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
9/20/18	BIRD'S RUBBER STAMPS

Amount ($)	Payee address; City; State; Zip Code
$15.70	5230 KOSTORYZ SUITE 11 CORPUS CHRISTI, TX. 78415

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
9/20/18	ERIC CANTU CAMPAIGN

Amount ($)	Payee address; City; State; Zip Code
$100.00	P.O. BOX 271477 CORPUS CHRISTI, TX 78427

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	CONTRIBUTION/DONATION MADE BY CANDIDATE	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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	3 Filer ID (Ethics Commission Filers)
4 OF 4	CARLOS TORRES JR.	
4 Date	**5 Payee name**	
9/21/18	S + B PRINTING	
6 Amount ($)	**7 Payee address; City; State; Zip Code**	
$64.95	2033 ARUNE RD. SUITE C-1 CORPUS CHRISTI, TX. 78412	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE- BUSINESS CARDS

(b) Description
- ☐ Check if travel outside of Texas. Complete Schedule T.
- ☐ Check if Austin, TX, officeholder living expense

9 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
- ☐ Check if travel outside of Texas. Complete Schedule T.
- ☐ 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
- ☐ Check if travel outside of Texas. Complete Schedule T.
- ☐ 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
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 F2: 1 OF 1	2 FILER NAME CARLOS TORRES JR	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		$
5 Date	6 Payee name NONE	
7 Amount ($)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/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: 1 OF 1

2 FILER NAME: CARLOS TORRES JR.

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

NONE

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	3 Filer ID (Ethics Commission Filers)
1 OF 1	CARLOS TORRES JR.	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$
5 Date	6 Payee name	
7 Amount ($)	8 Payee address; City; State; Zip Code	NONE
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
11 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	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/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	3 Filer ID (Ethics Commission Filers)
1 OF 1	CARLOS TORRES JR.	

4 Date	5 Payee name
8/20/18	CITY OF CORPUS CHRISTI

6 Amount ($)	7 Payee address; City; State; Zip Code
$100.00 ☒ Reimbursement from political contributions intended	1201 LEOPARD CORPUS CHRISTI, TX. 78401

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

9 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
☐ Reimbursement from political contributions intended	

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

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended	

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

Complete ONLY if direct expenditure to benefit C/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: 1 OF 1	2 FILER NAME CARLOS TORRES JR	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount ($)	7 Business address; City; State; Zip Code NONE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Business name	
Amount ($)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 OF 1	CARLOS TORRES JR.	

4 Date	5 Payee name
6 Amount ($)	7 Payee address; City; State; Zip Code NONE

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: 1 OF 1

2 FILER NAME CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received NONE 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received ☐ 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: 1 OF 1

2 FILER NAME: CARLOS TORRES JR.

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling: NONE

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

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:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

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)
CARLOS TORRES JR.	

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.

N/A

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