

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: -12-</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: Mr. FIRST: Alberto MI: _____ NICKNAME: _____ LAST: Torres SUFFIX: Jr.</p>	<p>OFFICE USE ONLY</p> <p>Date Received: _____ Date Hand-delivered: _____ Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2106 O'Kane St. Laredo TX 78043</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (956) 774-5845</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR: Dr. FIRST: Martha MI: E. NICKNAME: _____ LAST: Villameal SUFFIX: _____</p>	<p>Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____</p>	
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1305 E. San Carlos Laredo, TX 78040</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (956) 724-8448</p>		
<p>9 REPORT TYPE</p>	<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year 07 / 01 / 18 THROUGH 12 / 31 / 18</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year / /</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) Laredo City Council Dist. IV</p>	<p>13 OFFICE SOUGHT (if known)</p>	
<p>GO TO PAGE 2</p>			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Alberto Torres, Jr. 15 Filer ID (Ethics Commission Filers)

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

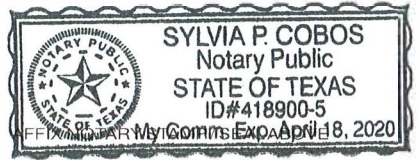
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,980. ⁸⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,401. ⁸⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000. ⁰⁰

18 AFFIDAVIT

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.

Alberto Torres, Jr.
Signature of Candidate or Officeholder



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

Sylvia P. Cobos Sylvia P. Cobos 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 <i>Alberto Torres, Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,250</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>2,500</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,980.84</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>311.10</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
- 1 -

2 FILER NAME

Alberto Torres, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Rosenil Zainko - Villarreal

6 Contributor address; City; State; Zip Code

109 Primrose Laredo TX 78041

7 Amount of contribution (\$)

\$ 1,000

8 Principal occupation / Job title (See Instructions)

Retired Educator

9 Employer (See Instructions)

- N/A -

Date

12/23/18

Full name of contributor out-of-state PAC (ID#: _____)

Sean McWilliams

Contributor address; City; State; Zip Code

12 Niles Rd. Austin TX 78703

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

- Self -

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)

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u> 1 </u>	
2 FILER NAME <u>Alberto Torres, Jr.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>2,500</u>	
5 Date <u>12/27/18</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Peña Raymond</u>	8 Amount of Pledge \$ <u>\$500</u>	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code <u>5702 McPherson Ste. 16 Laredo TX 78041</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) <u>State Rep.</u>		11 Employer (See Instructions) <u>State of Texas</u>	
Date <u>12/27/18</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mores, Flores, + Canales</u>	Amount of Pledge \$ <u>\$1,000</u>	In-kind contribution description
	Pledgor address; City; State; Zip Code <u>5517 McPherson Laredo TX 78041</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) <u>Attorneys</u>		Employer (See Instructions) <u>Self</u>	
Date <u>12/28/18</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan Salinas</u>	Amount of Pledge \$ <u>\$1,000</u>	In-kind contribution description
	Pledgor address; City; State; Zip Code <u>8711 Picard Laredo TX 78045</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) <u>Investor / Property Developer</u>		Employer (See Instructions) <u>Self</u>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> 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.

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: - 5 -	2 FILER NAME Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 7/2/18	5 Payee name Pano's Bakery
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 617 E. Lynn Laredo TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting w/const. at SLR church
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/6/18	Payee name Sara Garcia
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Amount (\$) 120.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made by officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To cover Medical Expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/23/18	Payee name Laredo Morning Times
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Amount (\$) 12.00	Payee address; City; State; Zip Code 111 Esperanza Laredo TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Subscription	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 5	2 FILER NAME: Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date: 8/3/18	5 Payee Name: Laredo Morning Times
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6 Amount (\$): 16.⁰⁰	7 Payee address; City; State; Zip Code: 111 Esperanza Laredo TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Other: Subscription	(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/14/18	Payee name: Los Jacales Restaurant
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Amount (\$): 229.91	Payee address; City; State; Zip Code: 600 Guadalupe Laredo TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food/Beverage Expense	Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting w/ Const.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/16/18	Payee name: Discipulas De Jesus Fund
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Amount (\$): 100.⁰⁰	Payee address; City; State; Zip Code: 9601 Mc. Gallan Rd. Houston, TX 77076
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation Made by Officeholder	Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charity Event Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>-5-</i>	2 FILER NAME <i>Alberto Torres Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/18</i>	5 Payee name <i>Laredo Morning Times</i>	
6 Amount (\$) <i>84.00</i>	7 Payee address; City; State; Zip Code <i>111 Esperanza Laredo TX 78040</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other: Subscription</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>Newspaper</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/24/18</i>	Payee name <i>Sam's Club</i>	
Amount (\$) <i>133.97</i>	Payee address; City; State; Zip Code <i>4810 San Bernardo Laredo TX 78040</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</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>Back-to-School Volunteers</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8/28/18</i>	Payee name <i>Pano's Bakery</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>617 E. Lyon Laredo TX 78040</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</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>Meeting at SLR Church</i>
	9 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: - 5 -	2 FILER NAME Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/14/18	5 Payee name Dr. Marte Martinez for City Council Dist. 6
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6 Amount (\$) 150.⁰⁰	7 Payee address; City; State; Zip Code 7614 Rocio Ar. Laredo TX 78041
-------------------------------------------	---------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Made by officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Campaign
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/21/18	Payee name Narvaez Flower Shop
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Amount (\$) 500.⁰⁰	Payee address; City; State; Zip Code 1620 San Bernardo Laredo TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for Constituents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/18	Payee name Nicolas Lopez
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Amount (\$) 100.⁰⁰	Payee address; City; State; Zip Code 3920 McClelland Laredo TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorial Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift/Award to Constituents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: -5-	2 FILER NAME: Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
4 Date: 12/18/18	5 Payee name: Angel of Hope	
6 Amount (\$): \$150	7 Payee address; City; State; Zip Code: PO Box 400067 Laredo TX 78042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made by Officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation / Non-Profit Bowling Team.
	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	
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

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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1:	2 FILER NAME: <i>Albeto Torres Jr.</i>	3 Filer ID (Ethics Commission Filers)	
4 Date: <i>11/5/18</i>	5 Payee name: <i>Jesus "Chuy" Dominguez for Judge</i>		
6 Amount (\$): <i>500⁰⁰</i>	7 Payee address; City; State; Zip Code: <i>201 W. Hillside Laredo TX 78041</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Contribution Made By Officeholder</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>Contribution Made to Campaign</i>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date: <i>12/7/18</i>	Payee name: <i>Hector's Holiday Fund</i>		
Amount (\$): <i>250⁰⁰</i>	Payee address; City; State; Zip Code: <i>2502 Okene Laredo TX 78043</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Donation Made By officeholder</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>Donation for Christmas Bikes</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date: <i>12/10/18</i>	Payee name: <i>Nixon High School</i>		
Amount (\$): <i>50⁰⁰</i>	Payee address; City; State; Zip Code: <i>2000 E. Plum Laredo TX 78043</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Donation Made By officeholder</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 for Sports team</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 1	2 FILER NAME: Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers):
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4 Date: 12/24/18	5 Payee name: La Posada Hotel Restaurant
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6 Amount (\$): 184.96	7 Payee address; City; State; Zip Code: 1000 Zaragoza Laredo TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food / Beverage Expense	(b) Description: Christmas ¹ -reception for City Members
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 12/27/18	Payee name: Puro's Bakery
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Amount (\$): 100.00	Payee address; City; State; Zip Code: 617 E. Lynn Laredo TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food / Beverage Expense	Description: SLR Event (Church) Meeting
	<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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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-

2 FILER NAME Alberto Torres, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 9/21/18

5 Name of person from whom amount is received
Laredo Energy Arena

8 Amount (\$) 311.¹⁰

6 Address of person from whom amount is received; City; State; Zip Code
6700 Arena Blvd. Laredo TX 78041

7 Purpose for which amount is received Check if political contribution returned to filer
Refund - overcharge

~~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