

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:

31

OFFICE USE ONLY

Date Received

CITY SECRETARY'S OFFICE

2017 JUL 12 PM 2:17

RECEIVED

Date Hand-delivered of

Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

NICKNAME

FIRST
Alberto

LAST

Torres

MI

SUFFIX

Jr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2106 O'Kane Laredo TX 78043

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(956)

PHONE NUMBER

774-5845

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Dr.

NICKNAME

FIRST
Martha

LAST

Villarreal

MI

SUFFIX

E

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

1305 San Carlos Laredo TX 78041

8 CAMPAIGN TREASURER PHONE

AREA CODE

(956)

PHONE NUMBER

724-8448

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

01 / 16 / 2017

THROUGH

Month Day Year

07 / 15 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City of Laredo
City Council Dist. 4

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Alberto Torres Sr. 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.

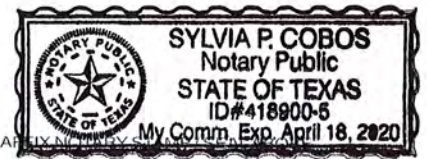
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 23,405. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,764.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,465.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000

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 Sr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alberto Torres Sr., this the 12th day of July, 2017, to certify which, witness my hand and seal of office.

Sylvia P. Cobos
Signature of officer administering oath

Sylvia P. Cobos
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>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>23,405</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,500</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	<i>(Outstanding)</i> \$ <i>30,000</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,614.09</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>29.94</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **-11-**

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Clarissa Canales

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City; State; Zip Code

314 Nye Dr. Laredo TX 78041

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Juan & Sylvia Barajas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

311 St. Julien Dr. Laredo TX 78041

Principal occupation / Job title (See Instructions)

Forwarding Agent

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

ESTHER KURCZYN FROVA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

Laredo TX 78041

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

J.C. Treviño III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

P.O. Box 820 Laredo TX 78042

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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

-11-

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Diana T. Garcia

out of state PAC (ID# _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

606 Martens Laredo Tx 78042

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Guillermo F. Treviño

out of state PAC (ID# _____)

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

2322 Middlecoff Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

self

Date

1/26/17

Full name of contributor

Arturo N. Benandes Sr.

out of state PAC (ID# _____)

Amount of contribution (\$)

\$2,500

Contributor address;

City; State; Zip Code

1202 E. Del Mar #3 Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Louis H. Jones Jr.

out of state PAC (ID# _____)

Amount of contribution (\$)

\$1,500

Contributor address;

City; State; Zip Code

3100 W. Alabama Houston, TX 77098

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Dannenbaum Engineering

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

-11-

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Edward L. Sherfey Jr.

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City: State: Zip Code

506 McPherson Laredo TX 78041

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Self (S+GE, LLC)

Date

1/26/17

Full name of contributor

Dr. Jacinto P. Juarez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25

Contributor address;

City: State: Zip Code

1620 Laredo St. Laredo TX 78043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/17

Full name of contributor

Daniel Wyers

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City: State: Zip Code

6999 McPherson #103 Laredo TX 78043

Principal occupation / Job title (See Instructions)

Business Owner / Developer

Employer (See Instructions)

Self (GAG-II Investments)

Date

1/26/17

Full name of contributor

Robert Laurel

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City: State: Zip Code

451A San Bernardo Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Insurance Agency

Employer (See Instructions)

Self

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

-1-

2 FILER NAME
Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
1/26/17

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

7 Amount of contribution (\$)

6 Contributor address; City: State: Zip Code
P.O. Box 1670 Laredo TX 78044

\$400

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)
Self (Ponras Nance Engineering)

Date
1/26/17

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

Amount of contribution (\$)

Contributor address; City: State: Zip Code
5219 Tesoro Plz Laredo TX 78041

\$1,000

Principal occupation / Job title (See Instructions)
P.A.C.

Employer (See Instructions)
P.A.C.

Date
1/26/17

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

Amount of contribution (\$)

Contributor address; City: State: Zip Code
600 San Bernardo #901 Laredo TX 78040

\$500

Principal occupation / Job title (See Instructions)
Architect

Employer (See Instructions)
Hickey Peña Architects

Date
1/26/17

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

Amount of contribution (\$)

Contributor address; City: State: Zip Code
130 Flecha Ln Laredo TX 78045

\$2,500

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Self (Uni-Trade)

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: -11-
2 FILER NAME Alberto Torres Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/17	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Poncho Arguindegui	7 Amount of contribution (\$) \$250
	6 Contributor address; City, State, Zip Code 315 Stratford Laredo TX 78041	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self (Arguindegui Oil)
Date 1/26/17	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Daniel D. Wyers	Amount of contribution (\$) \$500
	Contributor address; City, State, Zip Code 2401 Littler Ct Laredo TX 78045	
Principal occupation / Job title (See Instructions) Business Owner Developer		Employer (See Instructions) Self
Date 1/26/17	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Rosa M. De Llano	Amount of contribution (\$) \$30
	Contributor address; City, State, Zip Code 317 Belaire Dr. Laredo TX 78041	
Principal occupation / Job title (See Instructions) Retired Educator		Employer (See Instructions) Retired
Date 1/26/17	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) Anna L. Cavazos Ramirez	Amount of contribution (\$) \$300
	Contributor address; City, State, Zip Code 1307 Wimpfoot Ln Laredo TX 78045	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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

- 11 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Robert W. Treviño

6 Contributor address;

2517 O'Kane Laredo TX 78043

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Communications officer

9 Employer (See Instructions)

Laredo J.S.D.

Date

1/26/17

Full name of contributor

Rosenil Zainko Villarreal

Contributor address;

109 Primrose Laredo TX 78041

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

1/26/17

Full name of contributor

Maná Estela Quintanilla

Contributor address;

308 Lake Louise Laredo, TX 78041

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

1/26/17

Full name of contributor

Judith Gutierrez

Contributor address;

1919 Reynolds Laredo TX 78043

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

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

-11-

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Sylvia G. Palumbo

out of state PAC (ID# _____)

7 Amount of contribution (\$)

\$100

6 Contributor address, City, State, Zip Code

2315 E. San Jose Laredo TX 78043

8 Principal occupation / Job title (See Instructions)

Retired Govt Employee

9 Employer (See Instructions)

Retired

Date

1/26/17

Full name of contributor

Viviana Frank / Frank Rotnofsky

out of state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address, City, State, Zip Code

901 Victoria Ste. A Laredo TX 78040

Principal occupation / Job title (See Instructions)

Architects

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Dr. Martha E. Villarreal

out of state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address, City, State, Zip Code

1305 San Carlos Laredo TX 78043

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Laredo I.S.D.

Date

1/26/17

Full name of contributor

Jesus J. Ruiz

out of state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address, City, State, Zip Code

8902 Cornell Laredo TX 78043

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self

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
- 11 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Laura R. Llanes

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$200

6 Contributor address;

City: State: Zip Code

3203 Windfall Laredo TX 78045

8 Principal occupation / Job title (See Instructions)

Dr. Llanes OFFICE

9 Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

William J Palumbo Jr.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$150

Contributor address;

City: State: Zip Code

2208 E. Ash Laredo TX 78043

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Oil + Gas

Date

1/26/17

Full name of contributor

Enrique S. Valdez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City: State: Zip Code

14006 Fairway Oaks San Antonio TX 78217

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ENV Engineering

Date

1/26/17

Full name of contributor

Juan Jose Cruz

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City: State: Zip Code

1506 Nelson Laredo TX 78045

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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
- 11 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Margarita Aranza

out of state PAC (ID# _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

1102 Mier Laredo TX 78040

8 Principal occupation / Job title (See Instructions)

Exec. Director

9 Employer (See Instructions)

Heritage Foundation

Date

1/26/17

Full name of contributor

Jose R. Medina

out of state PAC (ID# _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

1301 Cross Country Laredo TX 78045

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Dr. Juan Maldonado

out of state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

Pg Ft. Melendy Laredo TX 78043

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

1/26/17

Full name of contributor

Mania L. Castillo

out of state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

204 Chateau Lafayette Laredo TX 78041

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: **-11-**

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Texas Association of Realtors PAC

6 Contributor address;

P.O. Box 2246 Austin TX 78768

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

PAC

9 Employer (See Instructions)

PAC

Date

1/26/17

Full name of contributor

Armando Garza

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Forwarding Agent

Employer (See Instructions)

Self

Date

1/26/17

Full name of contributor

Daniel Wyers

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Business Owner Developer

Employer (See Instructions)

Self (Est leads Home Place DBA Casa del Sol)

Date

1/26/17

Full name of contributor

Eduardo Parra

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$250

110E. Houston Pl. 7 San Antonio TX 78205

Principal occupation / Job title (See Instructions)

Engineer / CEO

Employer (See Instructions)

Parra + Co. (Self)

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

- 11 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/17

5 Full name of contributor

Chris Canonico

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

2032 Buffalo Terrace Houston, TX 77019

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Engineer / Partner

9 Employer (See Instructions)

Andorra Group (Self)

Date

1/26/17

Full name of contributor

Richard Raymond Campaign

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1,000

Contributor address;

1110 Houston Laredo TX 78040

City: State: Zip Code

Principal occupation / Job title (See Instructions)

State Rep.

Employer (See Instructions)

State of Texas

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

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: <u>1</u>	
2 FILER NAME: <u>Alberto Torres, Jr.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,500</u>	
5 Date: <u>1/26/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>Hector J. "Tito" Garcia</u>	8 Amount of Contribution \$: <u>\$1,500</u>	9 In-kind contribution description: <u>Fundraiser Food + Bev.</u>
7 Contributor address; City; State; Zip Code: <u>1000 Zaragoza Lewis TX 78040</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): <u>General Manager</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions): <u>La Posada Hotel</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

N

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: -15-	2 FILER NAME Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 1/30/17	5 Payee name El Catan	
6 Amount (\$) \$113.01	7 Payee address; City; State; Zip Code 815 Salinas Laredo TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 1/30/17	Payee name Mundo Publicitario	
Amount (\$) \$400	Payee address; City; State; Zip Code Nuevo, Laredo Tamp. Mexico	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 1/31/17	Payee name Laredo Morning Times	
Amount (\$) \$810	Payee address; City; State; Zip Code 111 Esperanza Dr. Laredo TX 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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/Rent/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: **-15-** 2 FILER NAME: **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers):

4 Date: **1/31/17** 5 Payee name: **Chick-Fil-A**

6 Amount (\$): **\$225** 7 Payee address, City, State, Zip Code: **1916 Bob Bullock Laredo, TX 78043**

8 (a) Category (See Categories listed at the top of this schedule): **Food & Bev. Expense**
(b) Description: Check if travel outside of Texas Complete Schedule F
 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: **2/1/17** Payee name: **Rene Cardona**
Amount (\$): **\$350** Payee address, City, State, Zip Code: **500 Logan Laredo TX 78040**

PURPOSE OF EXPENDITURE: **Event Expense: WBCA Float**
Description: Check if travel outside of Texas Complete Schedule F
 Check if Austin, TX, officeholder living expense

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

Date: **2/1/17** Payee name: **LULAC**
Amount (\$): **\$300** Payee address, City, State, Zip Code:

PURPOSE OF EXPENDITURE: **Event Expense (Donation)**
Description: Check if travel outside of Texas Complete Schedule F
 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 -15-	2 FILER NAME Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/17	5 Payee name Melissa Alvarado	
6 Amount (\$) \$300	7 Payee address, City, State, Zip Code	
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 F <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 2/6/17	Payee name El Mañana	
Amount (\$) \$300	Payee address, City, State, Zip Code Nuevo Laredo, TAMP. Mexico	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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 2/7/17	Payee name Rapid Print Laredo	
Amount (\$) \$324.75	Payee address, City, State, Zip Code 820 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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: **-15-** 2 FILER NAME: **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers):

4 Date: **2/10/17** 5 Payee name: **Laredo Shimmers Club**

6 Amount (\$): **\$150** 7 Payee address, City, State, Zip Code:

8 PURPOSE OF EXPENDITURE: **Donation**

(a) Category (See Categories listed at the top of this schedule):

(b) Description: Check if travel outside of Texas. Complete Schedule F. 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: **2/13/17** Payee name: **CASH**

Amount (\$): **\$50** Payee address, City, State, Zip Code:

PURPOSE OF EXPENDITURE: **Plate Sale Donation**

Category (See Categories listed at the top of this schedule):

Description: Check if travel outside of Texas. Complete Schedule F. Check if Austin, TX, officeholder living expense.

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

Date: **2/14/17** Payee name: **Josefina Martinez**

Amount (\$): **\$290** Payee address, City, State, Zip Code: **1717 San Bernardo Laredo TX 78040**

PURPOSE OF EXPENDITURE: **Event Expense / Adv. WBCA Parade T-shirts**

Category (See Categories listed at the top of this schedule):

Description: Check if travel outside of Texas. Complete Schedule F. 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 | 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: **-15-** 2 FILER NAME: **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers):

4 Date: **2/15/17** 5 Payee name: **Checks in the Mail**
 6 Amount (\$): **\$ 24.84** 7 Payee address, City, State, Zip Code: **2435 Goodwin Ln. New Braunfels, TX 78135**

8 (a) Category (See Categories listed at the top of this schedule): **Accounting / Banking**
 (b) Description: Check if travel outside of Texas. Complete Schedule F. 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: **2/15/17** Payee name: **Ana M. Guerra**
 Amount (\$): **\$237.84** Payee address, City, State, Zip Code: **1611 Scott Laredo, TX 78040**

PURPOSE OF EXPENDITURE: **Awards Expense: Framing**
 Description: Check if travel outside of Texas. Complete Schedule F. Check if Austin, TX, officeholder living expense.

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

Date: **2/28/17** Payee name: **Aldo Ortega**
 Amount (\$): **\$1,000** Payee address, City, State, Zip Code: **2561 Elm Laredo TX 78043**

PURPOSE OF EXPENDITURE: **Contract Labor**
 Description: Check if travel outside of Texas. Complete Schedule F. 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 | 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 -15-	2 FILER NAME Alberto Torres Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/10/17	5 Payee name Francisco Lozano
--------------------------	---

6 Amount (\$) \$300	7 Payee address, City, State, Zip Code 319 E. Frost Laredo, TX 78040
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense: Food + Bev. SLR Church Event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <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
---	-------------------------------	---------------	-------------

Date 3/13/17	Payee name Josefina Martinez
------------------------	--

Amount (\$) \$45	Payee address, City, State, Zip Code 1717 San Bernardo Laredo, TX 78040
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Adv. WBCA Parade T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <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 3/20/17	Payee name Green + Gold Booster Club
------------------------	--

Amount (\$) \$50	Payee address, City, State, Zip Code 2000 E. Plum Laredo TX 78043
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation: NHS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <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 | 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 **15-** 2 FILER NAME **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date **3/21/17** 5 Payee name **Boys + Girls Clubs of Laredo**

6 Amount (\$) **\$1,100** 7 Payee address, City, State, Zip Code **500 Madero Laredo TX 78042**

8 PURPOSE OF EXPENDITURE **Donation**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule F
 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 **3/28/17** Payee name **K-Mart**

Amount (\$) **\$74.60** Payee address, City, State, Zip Code **5000 San David Laredo TX 78041**

PURPOSE OF EXPENDITURE **Event Expense Donation SLR Church Jamaica**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, officeholder living expense

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

Date **3/28/17** Payee name **Alberto Torres**

Amount (\$) **\$271.00** Payee address, City, State, Zip Code **2106 O'Kane Laredo TX 78040**

PURPOSE OF EXPENDITURE **Food + Bev. Reimbursement Danny's Rest. Lozano Family**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule F
 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 -15-		2 FILER NAME Alberto Torres Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/17		5 Payee name SAN LUIS REY CHURCH			
6 Amount (\$) \$150		7 Payee address, City, State, Zip Code 3502 SANDERS Laredo, TX 78040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation: Annual Jamaica		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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	
Date 4/3/17		Payee name VMT -TDS			
Amount (\$) \$150		Payee address, City, State, Zip Code 2102 E. Lyon Laredo TX 78043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation: Bowling Team.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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 4/4/17		Payee name SAN LUIS REY CHURCH			
Amount (\$) \$100		Payee address, City, State, Zip Code 3502 SANDERS Laredo, TX 78040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation: Annual Jamaica		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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
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 **-15-** 2 FILER NAME **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date **4/5/17** 5 Payee name **Samantha Stone**

6 Amount (\$) **\$380** 7 Payee address, City, State, Zip Code **504 E. Lynn Laredo TX 78040**

8 (a) Category (See Categories listed at the top of this schedule) **Contract Labor: Event Expense**
(b) Description
 Check if travel outside of Texas. Complete Schedule F
 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 **4/10/17** Payee name **Federal Order of Police #911**

Amount (\$) **\$100** Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE **Donation: Easter Event**
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, officeholder living expense

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

Date **4/13/17** Payee name **Dollar Tree**

Amount (\$) **\$114.09** Payee address, City, State, Zip Code **5460 San Bernardo Laredo TX 78041**

PURPOSE OF EXPENDITURE **Event Expense: Egg Hunt Event**
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule F
 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 **-15-** 2 FILER NAME **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date **4/13/17** 5 Payee name **Pano's Bakery**

6 Amount (\$) **\$100** 7 Payee address, City, State, Zip Code **617 E. Lynn Laredo TX 78040**

8 PURPOSE OF EXPENDITURE **Food + Bev. Expense**
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description
 Check if travel outside of Texas. Complete Schedule F
 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 **4/14/17** Payee name **Joaquin Cordero**

Amount (\$) **\$180** Payee address, City, State, Zip Code **903 E. Saunders Laredo TX 78040**

PURPOSE OF EXPENDITURE **Event Expense: Egg Hunt Event**
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX, officeholder living expense

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

Date **4/14/17** Payee name **Moreno's Meat Market**

Amount (\$) **\$300** Payee address, City, State, Zip Code **2219 N. Arkansas Laredo TX 78043**

PURPOSE OF EXPENDITURE **Food + Bev Donation Expense**
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule F
 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 <i>-15-</i>	2 FILER NAME <i>Alberto Torres Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/17</i>	5 Payee name <i>Sam's Club</i>	
6 Amount (\$) <i>\$174.03</i>	7 Payee address, City, State, Zip Code <i>4810 San Bernardo Laredo TX 78041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food + Bev. Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <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 <i>4/21/17</i>	Payee name <i>Juan Arila</i>	
Amount (\$) <i>\$100</i>	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation: Lamar Lewis Basket Ball Team Travel</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/21/17</i>	Payee name <i>Oscar Garay</i>	
Amount (\$) <i>\$200</i>	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation: Eastwoods Basketball Team Uniforms</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 **-15-** 2 FILER NAME **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date **5/5/17** 5 Payee name **Pan's Bakery**

6 Amount (\$) **\$100** 7 Payee address, City State Zip Code **617 E. Lyon Laredo TX 78040**

8 (a) Category (See Categories listed at the top of this schedule) **Food + Bev.** (b) Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX officeholder living expense
 PURPOSE OF EXPENDITURE
 9 Complete ONLY if direct expenditure to benefit COH
 Candidate / Officeholder name Office sought Office held

Date **5/5/17** Payee name **Sabel Jimenez**

Amount (\$) **\$180** Payee address, City State Zip Code **7210 McPherson # 202 Laredo TX 78040**

Category (See Categories listed at the top of this schedule) **Donation: Laredo Fastbreak Basketball Team** Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX officeholder living expense
 PURPOSE OF EXPENDITURE
 Complete ONLY if direct expenditure to benefit COH
 Candidate / Officeholder name Office sought Office held

Date **5/19/17** Payee name **Michael's**

Amount (\$) **\$55.10** Payee address, City State Zip Code **5510 San Bernardo Laredo TX 78041**

Category (See Categories listed at the top of this schedule) **Event Expense: Mother's Day Bingo** Description
 Check if travel outside of Texas. Complete Schedule F
 Check if Austin, TX officeholder living expense
 PURPOSE OF EXPENDITURE
 Complete ONLY if direct expenditure to benefit COH
 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 | Printing 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: **15**

2 FILER NAME: **Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers):

4 Date: **5/10/17**

5 Payee name: **Golden Corral**

6 Amount (\$): **\$289.81**

7 Payee address, City State Zip Code:

8 (a) Category (See Categories listed at the top of this schedule): **Food + Bev / Event Expense**

(b) Description: **Mother's Day Brigo**

Check if travel outside of Texas. Complete Schedule F:

Check if Austin TX officeholder living expense:

9 Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5/11/17**

Payee name: **Angel of Hope**

Amount (\$): **\$150**

Payee address, City State Zip Code: **P.O. Box 420267 Laredo TX 78042**

Category (See Categories listed at the top of this schedule): **Donation**

Description: _____

Check if travel outside of Texas. Complete Schedule F:

Check if Austin TX officeholder living expense:

10 Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **5/17/17**

Payee name: **Narvaez Flower Shop**

Amount (\$): **\$162.38**

Payee address, City State Zip Code: _____

Category (See Categories listed at the top of this schedule): **Gift Expense**

Description: **Secretary's Deaf**

Check if travel outside of Texas. Complete Schedule F:

Check if Austin TX officeholder living expense:

11 Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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 Filer)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address, City State Zip Code

8

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Check if payer outside of Texas. Complete Schedule I
 Check if Austin TX officeholder living expense

PURPOSE OF EXPENDITURE

Donation: Golfing Town

9 Complete ONLY if direct expenditure to benefit COH

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 payer outside of Texas. Complete Schedule I
 Check if Austin TX officeholder living expense

Donation Plate Sale

Complete ONLY if direct expenditure to benefit COH

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 payer outside of Texas. Complete Schedule I
 Check if Austin TX officeholder living expense

Adv. Expense

Complete ONLY if direct expenditure to benefit COH

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/Political 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: **15** 2 FILER NAME: **Alberto Torres Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date: **6/1/17** 5 Payee name: **Angel of Hope**

6 Amount (\$): **\$180** 7 Payee address, City State Zip Code: **P.O. Box 420267 Laredo TX 78042**

8 (a) Category (See Categories listed at the top of this schedule): **Donation**
(b) Description: Check if travel outside of Texas. Complete Schedule I
 Check if Assn. TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **6/27/17** Payee name: **Manuel Gomez**

Amount (\$): **\$500** Payee address, City State Zip Code: **1817 Davis Laredo TX 78040**

PURPOSE OF EXPENDITURE: **Donation: Medical Expenses**
Description: Check if travel outside of Texas. Complete Schedule I
 Check if Assn. TX officeholder living expense

Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **7/12/17** Payee name: **Rudy Gonzalez Campaign**

Amount (\$): **\$150** Payee address, City State Zip Code: _____

PURPOSE OF EXPENDITURE: **Donation: Bowling Tour.**
Description: Check if travel outside of Texas. Complete Schedule I
 Check if Assn. TX officeholder living expense

Complete ONLY if direct expenditure to benefit COH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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

5 Name of person from whom amount is received

8 Amount (\$)

2/3/17

The Davis Group, Inc.

6 Address of person from whom amount is received; City; State; Zip Code

\$26.41

4201 Bee Cave Rd C-101 Austin TX 78746

7 Purpose for which amount is received

Check if political contribution returned to filer

Refund - Overpayment

Date

Name of person from whom amount is received

Amount (\$)

6/30/17

Falcon International Bank

Address of person from whom amount is received; City; State; Zip Code

\$3.53

5219 McPherson Rd. Lech TX 78045

Purpose for which amount is received

Check if political contribution returned to filer

Bank Interest

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED