

# 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: <b>- 25 -</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Alberto</b> MI: _____ NICKNAME: _____      LAST: <b>Torres</b> SUFFIX: <b>Jr.</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>2106 O'Kane St.      Laredo, TX 78043</b>	<b>JUL 12 '19 AM 9:47 REC'D CITY SEC OFF</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>( 956 )      774-5845</b>	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR:      FIRST:      MI: <b>Dr.      Martha      E.</b> NICKNAME:      LAST:      SUFFIX:	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS <i>(Residence or Business)</i>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>1305 E. San Carlos      Laredo, TX 78040</b>	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>( 956 )      724-8448</b>	Date Processed	
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>01      01      19      THROUGH      06      30      19</b>		
11 ELECTION	ELECTION DATE Month      Day      Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD <i>(if any)</i> <b>Laredo City Council District IV</b>	13 OFFICE SOUGHT <i>(if known)</i>	

**GO TO PAGE 2**

# 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  
**Laredo Police Officers Association**

COMMITTEE ADDRESS  
**6426 Polaris Drive, Laredo, TX 78041**

COMMITTEE CAMPAIGN TREASURER NAME  
**Ramiro Paredes**

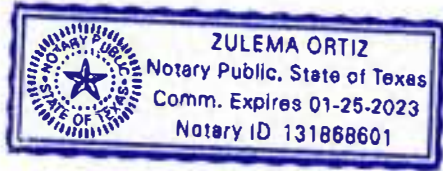
COMMITTEE CAMPAIGN TREASURER ADDRESS  
**6426 Polaris Drive, Laredo, TX 78041**

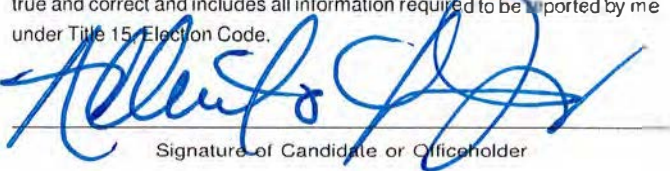
Additional Pages

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)	\$ 28,690
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,053.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,274.32
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.

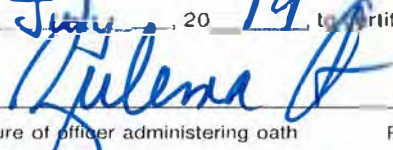




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alberto Torres Jr., this the 12th day of July, 20 19, to certify which, witness my hand and seal of office.

 Zulema Ortiz Deputy City Secretary

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# 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)

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COMMITTEE TYPE

- GENERAL  
 SPECIFIC

COMMITTEE NAME

Laredo Fire PAC

COMMITTEE ADDRESS

5219 Tesoro Plz.

COMMITTEE CAMPAIGN TREASURER NAME

Aidan Alvarado

COMMITTEE CAMPAIGN TREASURER ADDRESS

5219 Tesoro Plz.

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)

\$ 28,690

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 11,053.52

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 48,274.32

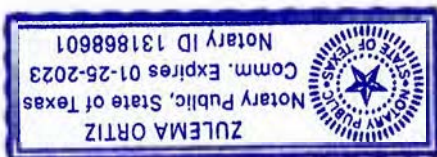
OUTSTANDING  
LOAN TOTALS

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 Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Alberto Torres Jr., this the 12th day of July, 2019, to certify which, witness my hand and seal of office.

*Zulema Ortiz*  
Signature of officer administering oath

Zulema Ortiz  
Printed name of officer administering oath

Deputy City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME <b>Alberto Torres Jr.</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 28,690
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,682.44
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 3,750
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 11,053.52
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**- 10 -**

2 FILER NAME

**Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

01/03/19

5 Full name of contributor

**Julian Rotnofsky**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$100**

6 Contributor address; City; State; Zip Code

**7707 Broadway #17A San Antonio, TX 78209**

8 Principal occupation / Job title (See Instructions)

**Real Estate Broker**

9 Employer (See Instructions)

**CCIM**

Date

01/03/19

Full name of contributor

**Alfonso L. Arguindegui**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500**

Contributor address; City; State; Zip Code

**315 Straford Ln. Laredo, TX 78040**

Principal occupation / Job title (See Instructions)

**CEO**

Employer (See Instructions)

**Arguindegui Oil & Gas**

Date

01/03/19

Full name of contributor

**Estela Quintanilla**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100**

Contributor address; City; State; Zip Code

**308 Lake Louise Ct. Laredo, TX 78045**

Principal occupation / Job title (See Instructions)

**Retired Educator**

Employer (See Instructions)

**Retired**

Date

01/03/19

Full name of contributor

**Inhabit**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$1,500**

Contributor address; City; State; Zip Code

**600 San Bernardo Laredo, TX 78040**

Principal occupation / Job title (See Instructions)

**Architects**

Employer (See Instructions)

**Inhabit**

**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:

- 10 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/04/19

5 Full name of contributor

Arturo T. Benavides

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

1202 E. Del Mar Laredo, TX 78040

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Self

Date

01/09/19

Full name of contributor

Rosa M. Alvarez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

3217 S. Louisana Laredo, TX 78040

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

01/10/19

Full name of contributor

Guillermo Cavazos Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

9114 McPherson Apt. 904 Laredo, TX 78040

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Narvaez Flower Shop

Date

01/11/19

Full name of contributor

Jesus J. Ruiz

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

8902 Cornell Laredo, TX 78040

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

**- 10 -**

2 FILER NAME

**Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

01/08/19

5 Full name of contributor

**Mario Perez**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

**1220 Matamoros #1832 Laredo, TX 78040**

7 Amount of contribution (\$)

**\$500**

8 Principal occupation / Job title (See Instructions)

**Business Owner**

9 Employer (See Instructions)

**Self**

Date

01/08/19

Full name of contributor

**Dr. Martha E. Villarreal**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**1305 San Carlos Laredo, TX 78040**

Amount of contribution (\$)

**\$200**

Principal occupation / Job title (See Instructions)

**Educator**

Employer (See Instructions)

**Laredo ISD**

Date

01/09/19

Full name of contributor

**Kazen, Meurer & Perez c/o Sigifredo Perez**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**P.O. Box 6237 Laredo, TX 78040**

Amount of contribution (\$)

**\$1,000**

Principal occupation / Job title (See Instructions)

**Attorney's**

Employer (See Instructions)

**Kaze, Meurer & Perez**

Date

01/09/19

Full name of contributor

**Anna B. Galo**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**104 Brand Dr. Laredo, TX 78040**

Amount of contribution (\$)

**\$2,500**

Principal occupation / Job title (See Instructions)

**Oil & Gas**

Employer (See Instructions)

**ANB Cattle**

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

**- 10 -**

2 FILER NAME

**Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

01/11/19

5 Full name of contributor

**JBS3 Properties c/o Juan Salinas**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

**8711 Picardo Dr. Laredo, TX 78040**

7 Amount of contribution (\$)

**\$1,000**

8 Principal occupation / Job title (See Instructions)

**Developer**

9 Employer (See Instructions)

**JBS Properties**

Date

01/11/19

Full name of contributor

**J. Edmindo Ramirez**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**304 Bordeuex**

**Laredo, TX 78040**

Amount of contribution (\$)

**\$500**

Principal occupation / Job title (See Instructions)

**Investor**

Employer (See Instructions)

**Self**

Date

01/14/19

Full name of contributor

**Louis P. Lavaude**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**1710 Clark**

**Laredo, TX 78040**

Amount of contribution (\$)

**\$250**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**Self**

Date

01/15/19

Full name of contributor

**Russell Ford**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**P.O. Box 100**

**Kurton, TX 77862**

Amount of contribution (\$)

**\$1,000**

Principal occupation / Job title (See Instructions)

**Corporate Business Development**

Employer (See Instructions)

**Andrews & Newman**

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

**- 10 -**

2 FILER NAME

**Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**01/16/19**

5 Full name of contributor

**Laredo Fire PAC**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$1,500**

6 Contributor address; City; State; Zip Code

**5219 Tesoro Plz. Laredo, TX 78040**

8 Principal occupation / Job title (See Instructions)

**PAC-Union**

9 Employer (See Instructions)

**PAC-Union**

Date

**01/17/19**

Full name of contributor

**Laredo Police Officer's Association**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500**

Contributor address; City; State; Zip Code

**6426 Polaris Dr. Laredo, TX 78040**

Principal occupation / Job title (See Instructions)

**PAC-Union**

Employer (See Instructions)

**PAC-Union**

Date

**01/17/19**

Full name of contributor

**Tracy O. King**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500**

Contributor address; City; State; Zip Code

**333 E. Main Ste. 1 Uvalde, TX 78801**

Principal occupation / Job title (See Instructions)

**State Representative**

Employer (See Instructions)

**State of Texas**

Date

**01/17/19**

Full name of contributor

**Raul C. Santos**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500**

Contributor address; City; State; Zip Code

**1718 Reynolds Laredo, TX 78040**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

- 10 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/17/19

5 Full name of contributor

Anna L. Cavazos-Ramirez

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

1307 Wingfoot Lp. Laredo, TX 78040

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

LNV, Inc.

Date

01/17/19

Full name of contributor

Balli & Balli Law Firm

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

P.O. Box 1058 Laredo, TX 78040

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Balli & Balli Law Firm

Date

01/17/19

Full name of contributor

Martha C. Narvaez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1620 San Bernardo Laredo, TX 78040

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Narvaez Flower Shop

Date

01/14/19

Full name of contributor

Juan J. Cruz

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1506 Nelson Ct. Laredo, TX 78040

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

- 10 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/17/19

5 Full name of contributor

Dan Leyendecker

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000

6 Contributor address; City; State; Zip Code

15222 Cane Harbor Blvd. Corpus Christi, TX 78418

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

LNV, Inc.

Date

01/17/19

Full name of contributor

Flores, Flores, & Canales

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1,000

Contributor address; City; State; Zip Code

5517 McPherson #14 Laredo, TX 78040

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Flores, Flores, & Canales

Date

01/17/19

Full name of contributor

JDS Pest Control & Lawn

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$40

Contributor address; City; State; Zip Code

616 E. San Pedro Laredo, TX 78040

Principal occupation / Job title (See Instructions)

Gardening

Employer (See Instructions)

JDS Pest Control & Lawn

Date

01/17/19

Full name of contributor

Judith Gutierrez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$150

Contributor address; City; State; Zip Code

1919 Reynolds Laredo, TX 78040

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Four Winds Realty

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

- 10 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/19

5 Full name of contributor

Eduardo Garza

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

130 Flecha Ln.

City; State; Zip Code

Laredo, TX 78045

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Uni-Trade

Date

01/17/19

Full name of contributor

Graciela Gonzalez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1703 Commerce

City; State; Zip Code

Laredo, TX 78045

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Kristi-Lins Academy

Date

01/17/19

Full name of contributor

Karina Elizondo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

302 Bob Bullock Lp.

City; State; Zip Code

Laredo, TX 78046

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Administrative Assistant

Employer (See Instructions)

City of Laredo

Date

01/17/19

Full name of contributor

Andres Ramos

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

606 Taylor

City; State; Zip Code

Laredo, TX 78040

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Retired Judge

Employer (See Instructions)

Retired

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

-10-

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/04/19

5 Full name of contributor

G. G. Salinas

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

P.O. Box 1825 Laredo, TX 78040

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

G.G. Salinas Enterprises

Date

01/23/19

Full name of contributor

William Skeen

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

709 Rocky River Rd. Austin, TX 78746

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Willam Skeen Consulting

Date

01/29/19

Full name of contributor

Fernando Laurel

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

2314 Middlecoff Laredo, TX 78040

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

01/29/19

Full name of contributor

South Webb County c/o Rosendo Carranco

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

P.O. Box 3229 Laredo, TX 78040

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Accountant CPA

Employer (See Instructions)

Carranco & Lawson

**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:

- 10 -

2 FILER NAME

Alberto Torres Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

01/29/19

5 Full name of contributor

Tano Tijerina

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000

6 Contributor address; City; State; Zip Code

1110 Houston Laredo, TX 78040

8 Principal occupation / Job title (See Instructions)

County Judge

9 Employer (See Instructions)

Webb County

Date

01/29/19

Full name of contributor

Sandra Leyendecker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$5,000

Contributor address; City; State; Zip Code

P.O. Box 406 Encinal, TX 78019

Principal occupation / Job title (See Instructions)

Veterinarian

Employer (See Instructions)

Critter Care Clinic

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)

Real Estate

Employer (See Instructions)

Self

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.**

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

**-1-**

2 FILER NAME

**Alberto Torres Jr.**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

01/09/19

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**Arturo N. Benavides, Jr.**

7 Pledgor address; City; State; Zip Code

**1202 E. Del Mar #3 Laredo, TX 78040**

8 Amount of Pledge \$

**\$2,500**

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

**Oil & Gas**

11 Employer (See Instructions)

**ANB Cattle**

Date

01/16/19

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**Danny Wyers**

Pledgor address; City; State; Zip Code

**1311 Nicklaus Lp. Laredo, TX 78040**

Amount of Pledge \$

**\$250**

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

**Developer**

Employer (See Instructions)

**Self**

Date

01/20/19

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**Esther K. Firova**

Pledgor address; City; State; Zip Code

**5515 Coos Bay Laredo, TX 78040**

Amount of Pledge \$

**\$250**

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

**Insurance Agent**

Employer (See Instructions)

**FIG Group**

Date

01/20/19

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**Danny Lopez**

Pledgor address; City; State; Zip Code

**3308 Begay Ct. Laredo, TX 78040**

Amount of Pledge \$

**\$500**

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

**Investor**

Employer (See Instructions)

**Consistent Hospitality Management**

**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: <b>1-1</b>	
2 FILER NAME <b>Alberto Torres Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>01/17/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector J. Garcia</b>	8 Amount of Contribution \$ <b>\$2,682.44</b>	9 In-kind contribution description <b>Food, beverage, &amp; venue for annual fundraiser</b>
7 Contributor address; City; State; Zip Code <b>2502 O'Kane Laredo, TX 78043</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>General Manager</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Palafox</b>	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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.

<b>1</b> Total pages Schedule F1: <b>-9-</b>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/07/19</b>	<b>5</b> Payee name <b>Los Jacales Restaurant</b>
----------------------------------	--

<b>6</b> Amount (\$) <b>\$53.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>620 Guadalupe St. Laredo, TX 78040</b>
--	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Meeting with volunteers/constituents</b>
---	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/10/19</b>	Payee name <b>David Carmona</b>
-------------------------	------------------------------------

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>339 Westham Laredo, TX 78045</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Medical Expenses</b>
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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 <b>01/14/19</b>	Payee name <b>Angel of Hope</b>
-------------------------	------------------------------------

Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>PO Box 420267 Laredo, TX 78042</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Non-profit Organization/Bowling Tourn</b>
-------------------------------	--	---

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  
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.

<b>1</b> Total pages, Schedule F1: <b>- 9 -</b>	<b>2</b> FILER NAME <b>Alberto Torres Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/14/19</b>	<b>5</b> Payee name <b>Rapid Print</b>
----------------------------------	---

<b>6</b> Amount (\$) <b>\$584.56</b>	<b>7</b> Payee address; City; State; Zip Code <b>820 San Bernardo Ave. Laredo, TX 78040</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Printing for Annual Fundraiser</b>
---	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/14/19</b>	Payee name <b>Rapid Print</b>
-------------------------	----------------------------------

Amount (\$) <b>\$494.81</b>	Payee address; City; State; Zip Code <b>820 San Bernardo Ave. Laredo, TX 78040</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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 <b>Christmas Cards</b>
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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 <b>01/18/19</b>	Payee name <b>All Occasions Flowers &amp; Gifts</b>
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Amount (\$) <b>\$188.53</b>	Payee address; City; State; Zip Code <b>3620 Cypress St. West Monroe, LA 71291</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Memorials 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 <b>Funeral Arrangement</b>
-------------------------------	--	---

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.

<b>1</b> Total pages, Schedule F1: <b>- 9 -</b>	<b>2</b> FILER NAME <b>Alberto Torres Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>01/22/19</b>	<b>5</b> Payee name <b>Laredo Morning Times</b>
----------------------------------	--

<b>6</b> Amount (\$) <b>\$16.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>111 Esperanza Laredo, TX 78040</b>
--	--

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/22/19</b>	Payee name <b>Carlos Morales</b>
-------------------------	-------------------------------------

Amount (\$) <b>\$600.00</b>	Payee address; City; State; Zip Code <b>3606 Juarez Ave. Laredo, TX 78040</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fundraising 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 <b>Entertainment for Annual Fundraiser</b>
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/28/19</b>	Payee name <b>Narvaez Flower Shop</b>
-------------------------	--

Amount (\$) <b>\$1,350.00</b>	Payee address; City; State; Zip Code <b>1620 San Bernardo Laredo, TX 78040</b>
----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fundraising 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 <b>Floral and Decor for Fundraiser Venue</b>
-------------------------------	--	---

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 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.

<b>1</b> Total pages Schedule F1: <b>-9-</b>	<b>2</b> FILER NAME Alberto Torres Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/01/19	<b>5</b> Payee name Griselda G. Garza
---------------------------	--

<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 2603 E. Kearney Laredo, TX 78043
---------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation Made by Officeholder	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Medical Expenses
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 02/04/19	Payee name Ana Saenz
------------------	-------------------------

Amount (\$) \$350.00	Payee address; City; State; Zip Code 405 N. Urbahn Ave. Laredo, TX 78043
-------------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/11/19	Payee name Monica Garcia Campaign
------------------	--------------------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 2703 Pecan St. Laredo, TX 78046
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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  Donation for Fundraiser
-------------------------------	---	--

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 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.

<b>1</b> Total pages, Schedule F1: <b>- 9 -</b>	<b>2</b> FILER NAME <b>Alberto Torres Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/14/19</b>	<b>5</b> Payee name <b>Strake Jesuit</b>
----------------------------------	---

<b>6</b> Amount (\$) <b>\$100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>8900 Bellaire Houston, TX 77036</b>
---	---

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

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/19/19</b>	Payee name <b>Laredo Morning Times</b>
-------------------------	---

Amount (\$) <b>\$16.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>111 Esperanza Laredo, TX 78040</b>
--	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/25/19</b>	Payee name <b>Palenque Bar &amp; Grill</b>
-------------------------	---

Amount (\$) <b>\$258.36</b>	Payee address; City; State; Zip Code <b>7720 Bob Bullock #2 Laredo, TX 78045</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Meals for Volunteers - WBCA Parade</b>
-------------------------------	--	--

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 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.

<b>1</b> Total pages, Schedule F1: <b>- 9 -</b>	<b>2</b> FILER NAME Alberto Torres Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/04/19	<b>5</b> Payee name Moreno's Meat Market
---------------------------	---

<b>6</b> Amount (\$) \$4,200	<b>7</b> Payee address; City; State; Zip Code 2219 N. Arkansas Laredo, TX 78043
---------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation Made by Officeholder	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fundraiser Donation Plate Sale
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/19/19	Payee name Boys & Girls Clubs of Laredo
------------------	--

Amount (\$) \$1,000	Payee address; City; State; Zip Code 500 Moctezuma Laredo, TX 78040
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	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  Donation for Wine Tasting Fundraiser
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/18/19	Payee name Laredo Morning Times
------------------	------------------------------------

Amount (\$) \$16.00	Payee address; City; State; Zip Code 111 Esperanza Laredo, TX 78040
------------------------	--

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

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.

<b>1</b> Total pages, Schedule F1: <b>- 9 -</b>	<b>2</b> FILER NAME <b>Alberto Torres Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/27/19</b>	<b>5</b> Payee name <b>Kohl's</b>
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<b>6</b> Amount (\$) <b>\$168.49</b>	<b>7</b> Payee address; City; State; Zip Code <b>5219 Santa Maria Ave. Laredo, TX 78041</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Donation Made by Officeholder</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Household Items for SLR Church Jamaica</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/01/19</b>	Payee name <b>Laredo Amateur Boxing Club</b>
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Amount (\$) <b>\$150</b>	Payee address; City; State; Zip Code <b>1610 Guadalupe Laredo, TX 78043</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Donation for Bowling Tourn. Fundraiser</b>
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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 <b>04/02/19</b>	Payee name <b>Pano's Bakery</b>
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Amount (\$) <b>\$100</b>	Payee address; City; State; Zip Code <b>617 E. Lyon St. Laredo, TX 78040</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>SLR Church Sweetbread for Community Mtg.</b>
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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: **- 9 -**      **2** FILER NAME: **Alberto Torres Jr.**      **3** Filer ID (Ethics Commission Filers)

**4** Date: **04/05/19**      **5** Payee name: **Vidal Rodriguez Campaign**

**6** Amount (\$): **\$200.00**      **7** Payee address; City; State; Zip Code: **3001 E. Pecos Ct. Laredo, TX 78046**

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

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

Date: **04/15/19**      Payee name: **Laredo Morning Times**

Amount (\$): **\$16.00**      Payee address; City; State; Zip Code: **111 Esperanza Laredo, TX 78040**

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

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

Date: **05/13/19**      Payee name: **Laredo Morning Times**

Amount (\$): **\$16.00**      Payee address; City; State; Zip Code: **111 Esperanza Laredo, TX 78040**

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

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.

<b>1</b> Total pages Schedule F1: <b>-9-</b>	<b>2</b> FILER NAME <b>Alberto Torres Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>05/13/19</b>	<b>5</b> Payee name <b>Sam's Club</b>
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<b>6</b> Amount (\$) <b>\$270.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>4810 San Bernardo Ave. Laredo, TX 78040</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Donation Made by Officeholder</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Mother's Day Event Donation</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/14/19</b>	Payee name <b>Narvaez Flower Shop</b>
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Amount (\$) <b>\$439.43</b>	Payee address; City; State; Zip Code <b>1620 San Bernardo Ave. Laredo, TX 78040</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event 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 <b>Parade Vehicle Decor/Valentine's Day Donation Req.</b>
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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 <b>06/10/19</b>	Payee name <b>Laredo Morning Times</b>
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Amount (\$) <b>\$16.00</b>	Payee address; City; State; Zip Code <b>111 Esperanza Laredo, TX 78040</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Newspaper</b>
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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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