

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 3,600.²¹

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 19,417.88

CONTRIBUTION
BALANCE

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

\$ 2,476.43

OUTSTANDING
LOAN TOTALS

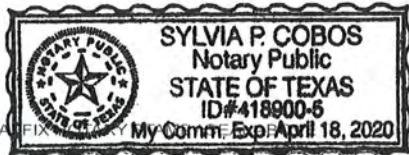
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15,000

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



Sworn to and subscribed before me, by the said Alberto Torres, Jr., this the 31st day of October, 20 16, 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,600
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 15,000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,417.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

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

3 Filer ID (Ethics Commission Filers)

4 Date
10-14-16

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

Cindy Liendo Campaign

6 Contributor address; City; State; Zip Code

1711 Santa Maria Laredo TX 78040

7 Amount of contribution (\$)

\$150

Bowling Fundraiser

8 Principal occupation / Job title (See Instructions)

Marketing Non-Profit

9 Employer (See Instructions)

Non-Profit

Date

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

Amount of contribution (\$)

10-14-16

Rodolfo Rodriguez

Contributor address; City; State; Zip Code

1314 Juarez Laredo TX 78040

\$750

Principal occupation / Job title (See Instructions)

Constable

Employer (See Instructions)

Webb County

Date

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

Amount of contribution (\$)

10-14-16

Laredo Fire-PAC

Contributor address; City; State; Zip Code

5219 Tesoro Plz. Laredo TX 78041

\$500

Principal occupation / Job title (See Instructions)

Fire Fighters PAC

Employer (See Instructions)

PAC

Date

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

Amount of contribution (\$)

10-20-16

Mary H. Etheredge

Contributor address; City; State; Zip Code

P.O. Box 603 Kyle, TX 78840

\$250

Principal occupation / Job title (See Instructions)

Engineer

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: **3**

2 FILER NAME **Alberto Torres, Sr.**

3 Filer ID (Ethics Commission Filers)

4 Date **10-20-16** 5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

Eduardo Parra
6 Contributor address; City; State; Zip Code
7323 Eagle Ledge San Antonio TX 78249

\$500

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)
Self

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

Amount of contribution (\$)

10-20-16 **Anthony D. Benavides**
Contributor address; City; State; Zip Code
P.O. Box 270 Laredo TX 78042

\$750

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Self

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

Amount of contribution (\$)

10-20-16 **David T. Covarrubias**
Contributor address; City; State; Zip Code
8507 Meaghan Mist Helotes, TX 78023

\$250

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Self

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

Amount of contribution (\$)

10-20-16 **Chris Canonico**
Contributor address; City; State; Zip Code
4321 Jonathan St. Bellaire, TX 77401

\$250

Principal occupation / Job title (See Instructions)
Engineer

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: **3**

2 FILER NAME

Alberto Torres Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

10-24-16

5 Full name of contributor

Dr. Martha E. Villanueva

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$200

6 Contributor address:

1305 San Carlos Leado, TX 78041

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Leado ISD

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)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Alberto Torres, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10-14-16	7 Name of lender <input type="checkbox"/> out-of state PAC (ID#: John R. Solis	9 Loan Amount (\$) \$5,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2620 San Bernardo Laredo, TX 78040	10 Interest rate 0
		11 Maturity date 01-30-2017
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10-15-16	Name of lender <input type="checkbox"/> out-of state PAC (ID#: Jose Luis Castillo	Loan Amount (\$) \$10,000
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 1302 Lois Ln. Laredo, TX 78045	Interest rate 0
		Maturity date 01-30-2017
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Alberto Torres Jr	3 Filer ID (Ethics Commission Filers)	
4 Date 10-17-16	5 Payee name The Davis Group Inc.		
6 Amount (\$) \$10,425.00	7 Payee address; City; State; Zip Code 4201 Bee Cave Rd. Austin, TX 78746		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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

Date 10-18-16	Payee name Rey Fuentes		
Amount (\$) \$150.00	Payee address; City; State; Zip Code Laredo, TX 78045		
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

Date 10-18-16	Payee name LMI, Inc.		
Amount (\$) \$950	Payee address; City; State; Zip Code 3120 N. Arkansas Laredo, TX 78043		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Alberto Jones Sr.	3 Filer ID (Ethics Commission Filers)
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4 Date 10-18-16	5 Payee name Francisco Estrada
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6 Amount (\$) \$150	7 Payee address, City, State, Zip Code Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-19-16	Payee name Pro Value Media
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Amount (\$) \$3,956.15	Payee address, City, State, Zip Code 1202 E. Del Mar Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-19-16	Payee name Falcon International Bank
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Amount (\$) \$35	Payee address, City, State, Zip Code 801 Matamoros Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <i>5</i>	2 FILER NAME <i>Alberto Torres Sr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-20-16</i>	5 Payee name <i>Quarter Mile Graphics</i>	
6 Amount (\$) <i>\$ 1,778.33</i>	7 Payee address, City, State, Zip Code <i>6400 Polaris Laredo, TX 78045</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>10-20-16</i>	Payee name <i>Josefina Martinez</i>	
Amount (\$) <i>\$210</i>	Payee address, City, State, Zip Code <i>1717 San Bernardo Laredo, TX 78040</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>10-25-16</i>	Payee name <i>Spm's Club</i>	
Amount (\$) <i>\$373.05</i>	Payee address, City, State, Zip Code <i>4810 San Bernardo Laredo, TX 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Per. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 <i>5</i>	2 FILER NAME <i>Alberto Torres Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-24-16</i>	5 Payee name <i>Mundo Publications</i>
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6 Amount (\$) <i>\$300</i>	7 Payee address; City; State; Zip Code <i>Laredo, TX 78040</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-24-16</i>	Payee name <i>Princess Pocahontas</i>
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Amount (\$) <i>\$150</i>	Payee address; City; State; Zip Code <i>Laredo, Tx 78040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>10-26-16</i>	Payee name <i>El Manana</i>
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Amount (\$) <i>\$250</i>	Payee address; City; State; Zip Code <i>6010 McPherson Laredo, TX 78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>8</u>	2 FILER NAME: <u>Albino Carr, Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>10-26-16</u>	5 Payee name: <u>Direct Energy</u>	
6 Amount (\$): <u>\$290.35</u>	7 Payee address, City, State, Zip Code: <u>P.O. Box 180 Tulsa, OK 74101</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>Fees: Headquarters Utility Fee</u>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date: <u>10-28-16</u>	Payee name: <u>Francisco Lozano</u>	
Amount (\$): <u>\$400⁰⁰</u>	Payee address, City, State, Zip Code: <u>319 E. Frost Laredo, TX 78040</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Donation - Public Event</u>	Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED