FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065592 92 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tina C. NAME Date Received **ELECTRONICALLY FILED** 01/13/2024 NICKNAME LAST **SUFFIX** Torres CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Pete A. NAME NICKNAME LAST **SUFFIX Torres CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 779-2174 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 407 Bexar

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 92

13 C / OH NAME	Torres, Tina C. (The	Honorable)	14 Filer ID ((Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without of d officeholders are required to report this information	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN.	S)	\$ 70,951.67	
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
		\$ 25,088.05			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 51,751.89	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hon	orable Tina C. Torres	3	
		Signature of	Candidate or Officehole	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the	day	
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath	

SUBTOTALS - JC/OH

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

				3 of 92
18 FILER N	AME Tina C. (The Honorable)	19 Filer ID 00065592	(Ethics Commission	on Filers)
20 SCHED	JLE SUBTOTALS OF SCHEDULE	SUBTOTAL /	AMOUNT	
1. X	\$	70,535.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	416.67
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	24,471.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	616.08
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	1,814.81
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	18.32
			•	

	MONET	ARY POLITICAL CONTRIBUT	TIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis f	orm.	1	Total pages Schedule A(J)1: Sch: 1/39 Rpt: 4/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	07/14/2023 Aguirre, Alex (Mr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78231		7	Amount of Contribution (\$) \$2,500.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10		employer/law firm Law Firm, PLLC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	(ID#:)		Amount of Contribution (\$)
	07/11/2023	Alonso Jr., Alfonso (Judge) Contributor address; City; State; Zip Code San Antonio, TX 78230				\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Retired Judg	ge/Attorney		Retired Judge/Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Office o	of Al Alonso				
	If contributor is	s a child, law firm of parent(s) (if any)		,		
	Date	Full name of contributor out-of-state PAC ((ID#:_			Amount of Contribution (\$)
	07/11/2023	Alvarez, Omar (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78258				\$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	O.G. Alvarez	z & Associates				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 2/39 Rpt: 5/92
2	FILER NAME Torres, Tina	C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065592
4	07/28/2023 Aranda, Sara (Ms.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78255		7 Amount of Contribution (\$) \$25.00	
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	<u> </u>
	Retired		Retired	
10	10 Contributor's employer/law firm Retired			pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
	07/17/2023	Bandoske, Stephanie (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78230		\$500.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)
	Bandoske &	Butler, PLLC		
	If contributor is	s a child, law firm of parent(s) (if any)	,	
	Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	07/27/2023	Barkhurst & Hinojosa, P.C. Contributor address; City; State; Zip Code San Antonio, TX 78230		\$500.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A(J)1 Sch: 3/39 Rpt: 6/92	<u>.</u>
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Torres, Tina	C. (The Honorable)			(00065592	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 /	Amount of Contribution (\$)	
	07/28/2023	Bernal, Patrick (Mr.)					\$250.00
		6 Contributor address; City; State;	Zip Code				
		San Antonio, TX 78230					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse	(if any)	
	Denton Nav	arro Rocha Bernal & Zech, P.C.					
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_		Τ,	Amount of Contribution (\$)	
07/27/2023 Berriozabal, Maria A. (Mrs.)					\$500.00		
		Contributor address; City; State;	Zip Code				
		San Antonio, TX 78201					
		Principal Occupation		Contributor's Job Title			
	Retired			Retired			
		employer/law firm		Law firm of contributor's s	pouse	(if any)	
	Retired						
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/13/2023	Brandon Wong & Associates,	PLLC				\$500.00
		Contributor address; City; State;	Zip Code		"		
		San Antonio, TX 78204					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	(if any)	
_	If contributor i	s a child, law firm of parent(s) (if any)					
		o a o ma, tan mm o parom(o) (ii ariy)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/39 Rpt: 7/92
2	FILER NAME	C. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00065592
4	Date 12/26/2023	Full name of contributor Brock, Karl (Mr.) Contributor address; City; 9	out-of-state PAC (ID#:		_	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm11 Law firm of contributor's spBrock & Brock			oous	e (if any)	
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Brock, Lara (Ms.) Contributor address; City; \$	State; Zip Code			\$500.00
		San Antonio, TX 78216				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Espinoza &	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	-	s a child, law firm of parent(s) (if	anvi			
	ii continuator i	s a criliu, iaw iiriri or parerii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/28/2023	Brown, Olga (Ms.)				\$200.00
		Contributor address; City; S	State; Zip Code			
_	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	inisipai decapation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Law Office o	f Olga Brown				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/39 Rpt: 8/92
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 09/10/2023	5 Full name of contributor Brown, Olga (Ms.)6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
	Law Office o	f Olga Brown				
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/21/2023	Caballero, Eva (Ms.) Contributor address; City;	State; Zip Code			\$100.00
		San Antonio, TX 78278				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/11/2023	Campolo, Paul (Mr.)				\$1,000.00
		Contributor address; City; San Antonio, TX 78205	State; Zip Code			
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		of Maloney & Campolo, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	otal pages Schedule A(J)1: Sch: 6/39 Rpt: 9/92
2	FILER NAME Torres, Tina	C. (The Honorable)			1	Filer ID (Ethics Commission Filers)
4	Date 07/17/2023	5 Full name of contributorCano, Emma6 Contributor address; City; \$	out-of-state PAC (ID#:)	7 4	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78205				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firmJefferson Cano11 Law firm of contributor's sp			oouse	(if any)	
12	If contributor i	s a child, law firm of parent(s) (if	any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι Α	Amount of Contribution (\$)
	07/27/2023	Cichowski, Steve (Mr.) Contributor address; City; S	<u> </u>			\$1,000.00
		San Antonio, TX 78216				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oouse	(if any)
	The Cichows	ski Law Firm, P.C.				
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Collins, Peggy (Mrs.) Contributor address; City; 9	State; Zip Code			\$50.00
		San Antonio, TX 78209				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE /	4(J)1
	The Instru	ction Guide explains hov	w to complete this t	form.	1	Total pages Schedule A(J)1 Sch: 7/39 Rpt: 10/92	:
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission 00065592	on Filers)
4	Date 07/27/2023	Full name of contributor Contreras, Floyd (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78238					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney						
10	10 Contributor's employer/law firmPrince Contreras, PLLC11 Law firm of contributor's sp			oous	se (if any)		
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/08/2023	Cowart, Matthew (Mr.) Contributor address; City; S	<u> </u>			`,	\$1,000.00
		San Antonio, TX 78216					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		ices of Matthew M. Cowart, F					
	If contributor is	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	07/27/2023	Davis & Santos, P.C.	_				\$1,500.00
		Contributor address; City; S	state; Zip Code		•		
	Caratuila utaula I	San Antonio, TX 78204		Constributorio Joh Titlo			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	L			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 8/39 Rpt: 11/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributorDavis, Cedillo & Mendoza6 Contributor address; City; S			7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/27/2023	DeHoyos, Rose Marie (M Contributor address; City; S	 ls.)			\$25.00
		San Antonio, TX 78240				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Retired	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	07/17/2023	DeVeau, Patricia (Mrs.)	out or state 1740 (IBII.	,		\$100.00
		Contributor address; City; S San Antonio, TX 78230	itate; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Pat DeVeau				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/39 Rpt: 12/92	
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Torres, Tina	es, Tina C. (The Honorable)				00065592	
4	Date 08/14/2023			7	Amount of Contribution (\$) \$500.	00	
		San Antonio, TX 78210					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_		_
	Attorney			Attorney			
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)		
	Ramos & De	el Cueto, PLLC					
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	07/31/2023	Dillard, Deborah (Ms.) Contributor address; City; S	State; Zip Code		•	\$100.	00
	0	San Antonio, TX 78213		Contaile de de Tale Tide			
		Principal Occupation		Contributor's Job Title			
	Retired			Retired			
	Retired	employer/law firm		Law firm of contributor's sp	oous	se (IT any)	
	it contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	07/27/2023	Duke, Lisa (Ms.)	_			\$200.	00
		Contributor address; City; S	State; Zip Code		•		
	Contributor's I	I Principal Occupation		Contributor's Job Title	_		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
	Lisa Duke La						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 10/39 Rpt: 13/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor Escareno, Louis (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:_tate; Zip Code)	7	Amount of Contribution (\$) \$200.00
		San Antonio, TX 78207				
8		Principal Occupation		9 Contributor's Job Title		
				Attorney		
10	Contributor's e Louis R. Esc	employer/law firm careno PC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/27/2023	Espinoza & Brock, PLLC Contributor address; City; Si	<u> </u>		•	\$1,000.00
		San Antonio, TX 78216				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	07/12/2023	Espronceda, Jennifer (Ms Contributor address; City; Si			-	\$100.00
		San Antonio, TX 78210				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Esproneda L	.aw s a child, law firm of parent(s) (if a	any)	Norton Rose Fulbright		

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A(J)1: Sch: 11/39 Rpt: 14/92
2 FILER NAME Torres. Tina	C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065592
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of Contribution (\$)
07/27/2023	Farrimond Castillo & Bresnahan, P.C.		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78205		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's 6	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state P/	AC (ID#·)	Amount of Contribution (\$)
07/25/2023	Felix Gonzalez Law Firm, P.C.)	\$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78215		
Contributor's F	L Principal Occupation	1	
		Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
07/27/2023	Flores, Jr., G.A. (Mr.)		\$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78215		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney	Thiopal Cocapation	Attorney	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
Law Offices	of G.A. Flores		
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRII	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A(J)1: Sch: 12/39 Rpt: 15/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023		PAC (ID#:_		7	Amount of Contribution (\$) \$850.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
Ŭ	Attorney	Timopai Geografion		Attorney		
10		employer/law firm Firm		11 Law firm of contributor's sp	ous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	PAC (ID#:)	Π	Amount of Contribution (\$)
	08/08/2023 Galvan, Rebecca (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78212					\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	e (if any)
		of Rebecca L. Galvan				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state	PAC (ID#:_			Amount of Contribution (\$)
	07/27/2023	Gamez, Carmen (Mrs.) Contributor address; City; State; Zip Code San Antonio, TX 78230				\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	CFO			CFO		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	e (if any)
	Law Office o	f Joe A. Gamez		Law Office of Joe A. Ga	me	z
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 13/39 Rpt: 16/92
2	FILER NAME	C (The Henevahle)			3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			L	00065592
4	Date 11/30/2023	 5 Full name of contributor Garza & Associates 6 Contributor address; City; S 	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	07/27/2023	Garza, Aric (Mr.) Contributor address; City; S	<u> </u>		•	\$250.00
		San Antonio, TX 78257		_		
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney / M			Attorney / Mediator		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Aric J. Garza	a Law PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/11/2023	Garza, Patricia Brady (M	rs.)			\$250.00
		Contributor address; City; S Shavano Park, TX 78231				
	Contributor's I	Principal Occupation	•	Contributor's Job Title		
	Therapist	- micipai Occupation		Therapist		
	-	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Spring Oaks			·		` ',
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/39 Rpt: 17/92
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 07/27/2023	5 Full name of contributor Gonzales, John (Mr.)6 Contributor address; City; s	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78230				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		les & Associates				
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/26/2023	Gonzalez, Charlie (Mr.) Contributor address; City; \$	State; Zip Code			\$150.00
		San Antonio, TX 78205		1		
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ogletree De					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	07/27/2023	Gonzalez II, A.J. (Mr.)				\$50.00
		Contributor address; City; S San Antonio, TX 78209	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Real Estate/	Housing		Real Estate Investor		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self-employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 15/39 Rpt: 18/92	
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Torres, Tina	C. (The Honorable)				00065592	
4	Date 07/18/2023	 5 Full name of contributor Gonzalez, Chiscano, Ang 6 Contributor address; City; S 			7	Amount of Contribution (\$) \$500.	00
		San Antonio, TX 78216					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/09/2023	Graham, Courtney (Ms.) Contributor address; City; S	<u> </u>		-	\$100.	00
		Austin, TX 78704					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm 		Law firm of contributor's sp	oous	se (if any)	
	Bonilla Law						
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	07/27/2023	Gutierrez, Lupita (Ms.)	_			\$250.	00
		Contributor address; City; S San Antonio, TX 78212	tate; Zip Code		•		
_	Contributor's	Principal Occupation		Contributor's Job Title			_
	Insurance B			Insurance Broker			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	_
		rrez Insurance Services		·		. ,,	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	otal pages Schedule A(J)1 ch: 16/39 Rpt: 19/92	:
2	FILER NAME Torres, Tina	C. (The Honorable)			1	er ID (Ethics Commissi 0065592	on Filers)
4	Date 07/17/2023	5 Full name of contributor Herrera, Cecilia (Mrs.)6 Contributor address; City; S	out-of-state PAC (ID#:)		nount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78205					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Philanthropis	st		Retired			
10		employer/law firm		11 Law firm of contributor's sp	ouse (if any)	
	Retired			The Herrera Law Firm			
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ar	mount of Contribution (\$)	
	07/27/2023	Herrera, Javier (Mr.) Contributor address; City; S	State; Zip Code				\$1,000.00
		San Antonio, TX 78207		1			
		Principal Occupation		Contributor's Job Title			
	Attorney	employer/law firm		Attorney		:	
	The Herrera	• •		Law firm of contributor's sp	ouse (ii ariy)	
		s a child, law firm of parent(s) (if	any)				
	ii contributor i	o a crima, taw iiriri or parerit(o) (ii	arry				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ar	mount of Contribution (\$)	
	07/24/2023	Herrera, Jorge (Mr.)	_				\$2,500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78207						
_	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	The Herrera	Law Firm					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	pages Schedule A(J)1 L7/39 Rpt: 20/92	i:
2	FILER NAME				3 Filer ID) (Ethics Commissi	on Filers)
	Torres, Tina	C. (The Honorable)			00065	5592	
4	Date 07/18/2023	5 Full name of contributor Hill, Justin (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amour	nt of Contribution (\$)	\$1,000.00
		San Antonio, TX 78216					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1		
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if any	y)	
	Hill Law Firm	1					
12	! If contributor is	s a child, law firm of parent(s) (if	any)	I			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	09/13/2023	Hinojosa, Felipe (Mr.) Contributor address; City; S	State; Zip Code				\$100.00
	0	San Antonio, TX 78201		I o			
	Contributor's Principal Occupation Contributor's Job Title						
	Building Des			Building Designer			
		employer/law firm		Law firm of contributor's sp	ouse (if any	у)	
		sign Studio, LLC	A				
	if contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	07/27/2023	Hizel, Erika (Ms.)	_				\$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78280				•		
	Contributor's F	I Principal Occupation		Contributor's Job Title	1		
	Real Estate			Real Estate Investorr			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if an	v)	
		estments, LLC		,	` .	,	
		s a child, law firm of parent(s) (if	any)	<u> </u>			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 18/39 Rpt: 21/92
2	FILER NAME	C (The Henerable)			3	Filer ID (Ethics Commission Filers)
		C. (The Honorable)			L	00065592
4	Date 07/26/2023	5 Full name of contributor Huntzinger, Therese (Ms.6 Contributor address; City; S)	7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78216				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Law Office o	f Theresa Huntzinger				
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/18/2023	Ireland, Michael (Mr.) Contributor address; City; S	tate; Zip Code		•	\$500.00
		San Antonio, TX 78205				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Brown and E	Brown Law Offices				
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Jackson, Deborah (Ms.)	_			\$150.00
		Contributor address; City; S	tate; Zip Code			
L	Contributed	San Antonio, TX 78215		Contributorio lab Titla	<u></u>	
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	יוחו	se (if any)
		ice of Lisa A. Vance, P.C.		Law min or contributor 5 op	, out	oo (ii aiiy)
		s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 19/39 Rpt: 22/92
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor Jamie Graham & Associ 6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78205				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	07/26/2023 Katzman, Alex (Mr.) Contributor address; City; State; Zip Code					\$1,000.00
		San Antonio, TX 78260			l	
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Katzman & Ł	Katzman		Katzman & Katzman		
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Korbel Ph.D, Susan (Ms	i.)		l	\$100.00
		Contributor address; City; San Antonio, TX 78213	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Market Rese	, ,		CEO		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Core Resea					
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 20/39 Rpt: 23/92
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	Full name of contributor Kott, Martha (Ms.) Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Attorney at Law		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
			• •			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/19/2023	Langley & Banack, Inc. Contributor address; City; S	state; Zip Code			\$500.00
		San Antonio, TX 78212				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Law Office of Derek Ritch	nie			\$750.00
		Contributor address; City; S San Antonio, TX 78205				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		es Schedule A(J)1 39 Rpt: 24/92	:
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Torres, Tina	C. (The Honorable)				0006559	2	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount o	f Contribution (\$)	
	07/27/2023	Law Offices of Thomas I	D. Jones, PC					\$1,000.00
		6 Contributor address; City;	State; Zip Code					
		San Antonio, TX 78215						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pous	se (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if	any)					
_	Date	Full name of contributor	out-of-state PAC (ID#:	,	T	Amount o	f Contribution (\$)	
	07/27/2023	Leibowitz, David (Mr.)	Out-of-State PAC (ID#.			Amount o	r Contribution (\$)	\$1,000.00
	0112112025	Contributor address; City;	Stata: Zin Codo					Ψ1,000.00
		San Antonio, TX 78205		,				
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	pous	se (if any)		
		w Firm, PLLC						
	If contributor i	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	f Contribution (\$)	
	08/03/2023	Linebarger Goggan Blai	r & Sampson, LLP					\$1,000.00
		Contributor address; City;	State; Zip Code					
		Austin, TX 78760						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if	any)					
\vdash								

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 22/39 Rpt: 25/92
2	FILER NAME	O (The Heaventhe)			3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			上	00065592
4	Date 07/28/2023	5 Full name of contributor Lopez, Orlando (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78212				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
	Lopez Scott,	, L.L.C.				
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/14/2023 Lopez, Steven (Mr.) Contributor address; City; State; Zip Code				\$500.00	
	Contributor's I	San Antonio, TX 78201 Principal Occupation		Contributor's Job Title		
	Attorney	· ····o.pai occapation		Attorney		
		employer/law firm		Law firm of contributor's sp	חחווי	se (if any)
	Lopez Law F					(()
		s a child, law firm of parent(s) (if	any)			
	ii contributor i	o a orma, law mm or parent(o) (n	uny)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/15/2023	Lyons, Sean (Mr.)		·		\$1,000.00
		Contributor address; City;	State; Zip Code			
		San Antonio, TX 78205				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
	Lyons & Lyo	ns				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 23/39 Rpt: 26/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 11/07/2023	5 Full name of contributor Maloney, Janice (Ms.)6 Contributor address; City; \$	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,000.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm of Janice Maloney		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	08/14/2023	Maloney, Tim (Mr.) Contributor address; City; \$	<u> </u>		•	\$2,500.00
		San Antonio, TX 78205				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Maloney & C	Campolo, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/24/2023	Maloney Jr., Pat (Mr.)	_			\$2,500.00
		Contributor address; City; S	State; Zip Code		•	
-	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Offices	of Pat Maloney, P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 24/39 Rpt: 27/92
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor Marck, Gene (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if anv)
	Retired			Law Office of Olga Brow		
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1 ,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/27/2023	Marrufo, Desiree (Ms.) Contributor address; City;	State; Zip Code			\$200.00
	0 + - 1 - 1 - 1	San Antonio, TX 78232		Occidente de John Tide		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Davis Law F	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_			: a.m. A			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Martinez, Desi (Mr.)	_			\$2,000.00
		Contributor address; City; San Antonio, TX 78263	State; Zip Code		•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Martinez & A	Associates, PLLC		Martinez & Associates,	PL	LC
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 25/39 Rpt: 28/92
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	Full name of contributor Martinez, Joel (Mr.) Contributor address; City; s	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$35.00
		San Antonio, TX 78248				
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date 07/17/2023	Full name of contributor Mayer, Joel (Mr.) Contributor address; City; \$	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
		San Antonio, TX 78212				
		Principal Occupation		Contributor's Job Title		
	Retired	employer/law firm s a child, law firm of parent(s) (if	any)	Retired Law firm of contributor's sp	oous	se (if any)
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	<u> </u>	Amount of Contribution (\$)
	07/27/2023	Mazuca, James (Mr.) Contributor address; City; S San Antonio, TX 78212	<u> </u>			\$200.00
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm azuca & Associates		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains hov	v to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 26/39 Rpt: 29/92	
2	FILER NAME	0 (7)			3	Filer ID (Ethics Commission Filers)	
	Torres, Tina	C. (The Honorable)			L	00065592	
4	Date 07/27/2023	5 Full name of contributor Mechler, Scott (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$250.00	
		San Antonio, TX 78216					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
		II & Associates		· ·			
12	! If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/24/2023	Mery, Christopher (Mr.) Contributor address; City; S	tate; Zip Code			\$150.00	
		San Antonio, TX 78212					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Law Office o	f Christopher M. Mery, P.C.					
	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/27/2023	Morales, Lawrence (Mr.)				\$250.00	
		Contributor address; City; S San Antonio, TX 78212	tate; Zip Code		•		
\vdash	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney	opai o ocapation		Attorney			
-		employer/law firm		Law firm of contributor's sp	00119	se (if any)	
	The Morales			Law IIIII of Contributor 3 3	,ou.	se (ii diiy)	
		s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 27/39 Rpt: 30/92
2	FILER NAME	0 (71 - 11 11 -)			3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			╙	00065592
4	Date 07/19/2023	5 Full name of contributorOlson, Arlis (Ms.)6 Contributor address; City; \$	out-of-state PAC (ID#:			Amount of Contribution (\$) \$50.00
		San Antonio, TX 78244				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	•	
	Retired			Retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
_	Retired					
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/02/2023	Ortiz, Miguel (Mr.)	.	,		\$500.00
		Contributor address; City; 9	State; Zip Code			
		San Antonio, TX 78216				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ortiz Law Of	fices, P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/20/2023	Patrick, Craig (Mr.)	—	,		\$100.00
		Contributor address; City; S	State: Zin Code		1	
		0.000	, <u></u> p			
		Dallas, TX 75214				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Patrick Law	Firm, P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
_						

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 28/39 Rpt: 31/92
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 07/28/2023	5 Full name of contributor Percival, James (Mr.)6 Contributor address; City; \$	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
		Universal City, TX 78148	1			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (if	any)			
	in continuator is	o a crima, iaw iiriri or parcrit(o) (ii	arry			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	07/17/2023	Philbin, Don (Mr.) Contributor address; City; \$	State; Zip Code			\$100.00
	Contributor's I	San Antonio, TX 78212 Principal Occupation		Contributor's Job Title		
	Attorney / M			Attorney / Mediator		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		hilbin, Jr., P.C.		· ·		
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	07/27/2023	Preciado, Emma (Mrs.)				\$50.00
		Contributor address; City; S	state; Zip Code		.	
		San Antonio, TX 78223				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			
_						

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 29/39 Rpt: 32/92	
2	FILER NAME	O (The Herenelle)			3	Filer ID (Ethics Commission	n Filers)
	Torres, Tina	C. (The Honorable)				00065592	
4	Date 07/27/2023	5 Full name of contributor Prince, Ronald (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78212					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_		
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
	Prince Contr	eras, PLLC					
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/27/2023	Provencio, Elizabeth (Ms Contributor address; City; S	.)		•		\$100.00
		San Antonio, TX 78201					
		Principal Occupation		Contributor's Job Title			
	Attorney			First Assistant City Atto	rne	у	
		employer/law firm		Law firm of contributor's sp		, , ,	
	City of San A	Antonio		Law Office of Trey Mart	ine	z Fischer	
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/27/2023	R L Wilso9n Law	_				\$500.00
		Contributor address; City; S San Antonio, TX 78232	State; Zip Code				
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>		
		····o.pai. o coapatio					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 30/39 Rpt: 33/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/17/2023	5 Full name of contributor Reed, Bonnie (Judge)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8		Principal Occupation		9 Contributor's Job Title		
	Retired Judg			Retired Judge		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/25/2023	Reyna, Adelfa (Ms.) Contributor address; City; S	<u> </u>			\$50.00
		San Antonio, TX 78213				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/27/2023	Reyna Ph.D, Sylvia (Mrs.)			\$250.00
		Contributor address; City; S San Antonio, TX 78238	tate; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Educator			Assistant Professor of F	rac	ctice
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	U.T. Austin			Art Reyna & Associates	;	
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 31/39 Rpt: 34/92		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Torres, Tina	C. (The Honorable)			L	00065592		
4	Date 07/19/2023	5 Full name of contributor Riley, Darby (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$100.00		
		San Antonio, TX 78215						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_			
	Attorney			Attorney				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
	Riley & Riley	, Attorneys at Law						
12	! If contributor i	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	07/27/2023	Rios, Roberto (Mr.) Contributor address; City; S San Antonio, TX 78201	tate; Zip Code			\$250.00		
	0 + - 1 - 1 - 1			Contributorio Job Tido				
	Attorney & M	Principal Occupation		Contributor's Job Title				
				Attorney & Mediator		CE		
	Rios Legal C	employer/law firm		Law firm of contributor's sp)Ou:	se (II aliy)		
_		<u> </u>						
	ii contributor ii	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	07/27/2023	Rodriguez, Clarissa (Ms.)	_			\$200.00		
		Contributor address; City; S San Antonio, TX 78212	tate; Zip Code					
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title	_			
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
		arro Rocha Bernal & Zech, P.	C.			,		
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 32/39 Rpt: 35/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor Rodriguez, Fidel (Mr.)6 Contributor address; City; \$	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Rodriguez T	employer/law firm rial Law		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	07/28/2023	Rojas Moore, Aida (Mrs. Contributor address; City; S				\$500.00
		San Antonio, TX 78230				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
_	Rojas Law F	s a child, law firm of parent(s) (if	anul	Retired Judge		
	ii contributor i	s a ciliu, iaw iiiii oi pareiii(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/14/2023	Ruiz, Freddy (Mr.) Contributor address; City; §	State; Zip Code			\$500.00
		San Antonio, TX 78230				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm of Freddy B. Ruiz, P.C.		Law firm of contributor's sp	oous	se (IT any)
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1 ch: 33/39 Rpt: 36/92	L:
2	FILER NAME Torres. Tina	C. (The Honorable)			1	iler ID (Ethics Commissi 0065592	on Filers)
4	Date 08/17/2023	5 Full name of contributor Ruiz, Freddy (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		└	mount of Contribution (\$)	\$500.00
		San Antonio, TX 78230					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10		employer/law firm If Freddy B. Ruiz, P.C.		11 Law firm of contributor's sp	oouse	(if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	09/13/2023	Salinas, George (Mr.) Contributor address; City;	State; Zip Code				\$2,500.00
		San Antonio, TX 78201					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oouse	(if any)	
		nas Injury Lawyers					
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	07/12/2023	Sandoval, Gina (Ms.)					\$100.00
		Contributor address; City; San Antonio, TX 78249	State; Zip Code				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	IT Systems /			IT Systems Analyst			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	USAA						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 34/39 Rpt: 37/92		
2	FILER NAME	FILER NAME Torres, Tina C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/29/2023	5 Full name of contributor ut-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$100.00	
		Kyle, TX 78640				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	Retired	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/17/2023	Saucedo, Judith (Mrs.) Contributor address; City; S	State; Zip Code			\$50.00
L	Contributorio	San Antonio, TX 78230		Contributor's Job Title		
	Retired	Principal Occupation		Retired		
	Contributor's employer/law firm Retired Law firm of contributor's sp		oous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	O9/12/2023 Sciano, Daniel (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78216			\$5,000.00		
-	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
Contributor's employer/law firm Law firm of contributor's sp		oous	se (if any)			
	Tinsman & Sciano, Inc.					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 35/39 Rpt: 38/92		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 07/27/2023 5 Full name of contributor out-of-state PAC (ID#:) Sharp, Monica (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
		San Antonio, TX 78209				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Consultant			CEO		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	e (if any)
		xecutive Solutions		· ·		
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Sommers, Kristy (Ms.) Contributor address; City; S San Antonio, TX 78232	State; Zip Code			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Insurance A			Insurance Agent		
		employer/law firm		Law firm of contributor's sp	OUE	e (if any)
		surance Agency		Law IIIII of Continuator 3 3	Jous	c (ii diiy)
		s a child, law firm of parent(s) (if	anvi			
	ii contributor i	3 a crima, law iiriri or parcrit(3) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/17/2023	Teeter, John (Prof.)				\$100.00
		Contributor address; City; \$ San Antonio, TX 78228	State; Zip Code		•	
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law School			Professor		
				ากเร	e (if any)	
	Contributor's employer/law firm Law firm of contributor's sp St. Mary's Law School			Jous	c (ii arry)	
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A(J)1: Sch: 36/39 Rpt: 39/92	
2	FILER NAME	O (The Harranda)		3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			00065592
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Teeter, John (Prof.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		San Antonio, TX 78228			
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	•	
	Law School	Professor	Law School Professor		
10		employer/law firm	11 Law firm of contributor's sp	oous	e (if any)
		chool of Law			
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor			Amount of Contribution (\$)
	07/23/2023	Teneyuca, Sharyll (Ms.) Contributor address; City; State; Zip Code			\$100.00
		San Antonio, TX 78201			
	Contributor's F	Principal Occupation	Contributor's Job Title		
	Attorney		Attorney		
		employer/law firm	Law firm of contributor's sp	oous	e (if any)
	The Law Off	ice of Sharyll S. Teneyuca, PLLC			
	If contributor is	s a child, law firm of parent(s) (if any)			
_	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	The Law Offices of Federico Longoria III, P.C.			\$100.00
		Contributor address; City; State; Zip Code		•	
		San Antonio, TX 78205			
	Contributor's F	Principal Occupation	Contributor's Job Title		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CONTRIBU	UTIC	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 37/39 Rpt: 40/92
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$300.00	
		San Antonio, TX 78201				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor out-of-state PA	AC (ID#:)	Γ	Amount of Contribution (\$)
	07/27/2023 The Ron Salazar Law Firm, P.C. Contributor address; City; State; Zip Code			\$500.00		
		San Antonio, TX 78260				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date	Full name of contributor ut-of-state PA	AC (ID#:_)		Amount of Contribution (\$)
07/27/2023 Torres-Stahl, Catherine (Ms.) Contributor address; City; State; Zip Code				\$300.00		
		San Antonio, TX 78283		1		
	Contributor's I Judge	Principal Occupation		Contributor's Job Title Judge		
	Contributor's employer/law firm Law firm of contributor's sp		ous	se (if any)		
	State of Texas					
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	1	Total pages Schedule A(J)1: Sch: 38/39 Rpt: 41/92		
2	FILER NAME Torres, Tina	FILER NAME Torres, Tina C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 07/27/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$1,000.00	
		San Antonio, TX 78212				
8		Principal Occupation		9 Contributor's Job Title	•	
	Retired			Retired		
10	Retired	employer/law firm		11 Law firm of contributor's sp	ous	se (If any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/27/2023	Vale, Laura (Ms.) Contributor address; City; S	state; Zip Code			\$200.00
		San Antonio, TX 78230				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		of the same
		employer/law firm sky Law Firm		Law firm of contributor's sp	ous	se (II arry)
		s a child, law firm of parent(s) (if	anv)			
	ii continuator i	o a crima, law iirin or parcrit(s) (ii	arry)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/02/2023	Vale, Theresa (Mrs.)	_			\$100.00
		Contributor address; City; S San Antonio, TX 78228	itate; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
Contributor's employer/law firm Law firm of contributor's sp		ous	se (if any)			
	Retired					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 39/39 Rpt: 42/92		
2	FILER NAME	2 (7)			3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			L	00065592
4	Date 07/23/2023			7	Amount of Contribution (\$) \$200.00	
		San Antonio, TX 78212-	0283			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Vela Law Of	fice				
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/09/2023	Watkins, John (Mr.) Contributor address; City;	State; Zip Code			\$100.00
		San Antonio, TX 78216		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Phil Watkins					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/07/2023	Wueste, Patricia (Ms.)				\$100.00
		Contributor address; City; San Antonio, TX 78216	State; Zip Code		•	
\vdash	Contributor's	Principal Occupation		Contributor's Job Title		
	Attorney	morpai Occupation		Attorney		
_		emplover/law firm		Law firm of contributor's sp	าดน	se (if any)
	Contributor's employer/law firm Law firm of contributor's sp Law Office of Patricia Wueste			, ,	(i. di.ly)	
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				Total pages Sch	
			Sch: 1/1 Rpt:		
2 FILER NAME Torres, Tina	E a C. (The Honorable)		3	Filer ID (Ethics 00065592	s Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8	Amount of	9 In-kind contribution
09/10/2023	_ ` _	,		contribution (\$)	
	7 Contributor address; City; State; Zip Code		1		Petition signing party
	Contributor address, Oity, State, 21p Code			i	beverage expense contribution
				I I	Contribution
	San Antonio, TX 78215			Check if travel of	utside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	1-JU		structions)
	, , , , , , , , , , , , , , , , , , , ,	1, 2, 2, (2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		, .	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL) ((See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (F	FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of	In-kind contribution
09/10/2023	<u>—</u>	,		contribution (\$)	
	Contributor address; City; State; Zip Code		1		Petition signing party
	Contributor address, City, State, Zip Code			į	beverage expense contribution
				i i	
	San Antonio, TX 78207			Check if travel or	utside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	1-JU	DICIAL) (See in	structions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL) ((See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's s	spouse (if any) (F	FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/42 Rpt: 44/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	12/02/2023	Alamo College Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2222 N. Alamo St.
		San Antonio, TX 78215
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2023	Alvarado, Tania (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	1120 Basse Rd.
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		foundation/scholarship fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	v
	Date	Payee name
	10/10/2023	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1844 Fredericksburg Road
	Ψ000.00	1044 Fredericksburg Rodd
		San Antonio, TX 78201
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Noche Azul event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/42 Rpt: 45/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	12/02/2023	Bexar County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1844 Fredericksburg Road
		San Antonio, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Election primary filing fee
		Licotion primary ming loc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
-	Date	Dove name
	11/03/2023	Payee name Payer County Floations Department
		Bexar County Elections Department
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1103 S. Frio Street, Suite 200
		San Antonio, TX 78207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee for database to verify Petition signatures
		ree for database to verify retition signatures
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	10/26/2023	Bexar County Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	9506 Wahada Ave.
		San Antonio, TX 78217
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership fee
		ivietriberatiip iee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/42 Rpt: 46/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	09/12/2023	COSTCO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$227.04	1201 N. Loop 1604 E.
		San Antonio, TX 78232
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	2 /4 2 /12 1	Candidate/Officeholder/Political Committee Contribution of spaces for golfer goodie bags at
		Contribution of snacks for golfer goodie bags at foundation/scholarship fundraiser
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.01	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Marketing platform for campaign e-mails
	Commiste ONLY if dispet	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	09/11/2023	Election Support Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$329.33	2611 Rompel Pass
		San Antonio, TX 78232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Petition signing party event fees: flyer; food; beverages
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Political Committee Legal Services Salanes/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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 4/42 Rpt: 47/92	Torres, Tina C. (The Honorable) 00065592		
4	Date	5 Payee name		
	07/27/2023	Estrada, Julissa (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	5655 Cary Grant Drive		
		San Antonio, TX 78240		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Staffing at fundraiser		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	07/27/2023	Garza, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	8100 Broadway, Suite 105		
		San Antonio, TX 78209		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Staffing at fundraiser		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/Ol	y		
	Date	Davida nama		
	09/14/2023	Payee name Garza, Jessica (Ms.)		
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 8100 Broadway, Suite 105		
	Ψ230.00	5155 Broadway, Suite 105		
		San Antonio, TX 78209		
	DUDDOCE			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Contract labor campaign assistance		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		vel Out of District HER (enter a category not listed above)
_		<u> </u>	
1	Total pages Schedule F1: Sch: 5/42 Rpt: 48/92		er ID (Ethics Commission Filers) 065592
4	Date	5 Payee name	
	09/22/2023	Garza, Jessica (Ms.)	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 8100 Broadway, Suite 105 San Antonio, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	09/29/2023	Garza, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	8100 Broadway, Suite 105	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Labor	Texas. Complete Schedule T.
		Check if Austin, TX, office Contract labor camp	
		Contract labor carry	Daigit assistance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	09/22/2023	Garza, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00		
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Texas. Complete Schedule T.
		Contract Johan came	
		Contract labor camp	วลเษา
	Operation Objects "	Our distant (Office heal donners	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/42 Rpt: 49/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	10/06/2023	Garza, Jessica (Ms.)
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 8100 Broadway, Suite 105
_	DUDDOGE	San Antonio, TX 78209
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor campaign assistance
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/13/2023	Garza, Jessica (Ms.)
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 8100 Broadway, Suite 105 San Antonio, TX 78209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor campaign assistance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/20/2023	Payee name Garza, Jessica (Ms.)
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 8100 Broadway, Suite 105
		San Antonio, TX 78209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor campaign assistance
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide 6	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/42 Rpt: 50/92	l	a C. (The Honorable)				00065592		
4	Date	5 Payee name	9							
	10/27/2023	Garza, Jes	sica (Ms.)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$200.00	8100 Broa	dway, Suite 105							
		San Anton	io, TX 78209							
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			_		ide of Texas. Com , officeholder living		
						Contract labo				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	Date	Payee name	<u>,</u>							
	11/03/2023	Garza, Jes								
	Amount (\$)	Payee addre		State: Zip C	ode					
	\$200.00	1	dway, Suite 105	эшэ, цр						
	+200.00	0200 2.000	array, cano 200							
		San Anton	io, TX 78209							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			—		ide of Texas. Com , officeholder living		
						Contract labo				
						Contract labo		ampaign as	Sistarioc	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	9							
	11/17/2023	Garza, Jes	sica (Ms.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$200.00	8100 Broa	dway, Suite 105							
		San Anton	io, TX 78209							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					ide of Texas. Com		
						_		, officeholder living		
						Contract labo	n C	ampaign as:	sistance	
	Complete ONLY if alice of	Condidate/Of	ficeholder name	O#: :-	U654			Office	old.	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office he	au	
_	' ' T. T. T. T.	Haira - Oamanii .	•						\ / · · · · · · · · · · · · · · · · · ·	4 01 ((1 0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/42 Rpt: 51/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	11/24/2023	Garza, Jessica (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	8100 Broadway, Suite 105
		San Antonio, TX 78209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract labor campaign assistance
		Contract labor campaign assistance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	12/01/2023	Garza, Jessica (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	8100 Broadway, Suite 105
		San Antonio, TX 78209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract labor campaign assistance
		Contract labor campaign assistance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	12/08/2023	Garza, Jessica (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	8100 Broadway, Suite 105
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Johan against
		Contract labor campaign assistance
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card F dyment			The Instruction G	uide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 9/42 Rpt: 52/92		Torres, Tina	C. (The Honor	able)					00065592		
4	Date	5	Payee name									
	08/09/2023		GoDaddy									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$32.16		2155 East C	SoDaddy Way								
			Tempe, AZ	85284								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this scher	dule)	(b)	Description				
	OF		Advertising		710 top 01 tillo 00110t	,		_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· ·	·				_		officeholder living	g expense	
								Landing page	e ho	osting		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice soug	ght			Office he	eld	
	experialitate to beliefit eroi	'										
	Date		Payee name									
	09/18/2023		GoDaddy									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$76.62		2155 East G	SoDaddy Way								
			Tempe, AZ	85284								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Advertising					=			plete Schedule T.	
								_		officeholder living	g expense	
								Landing page	HC	osung		
_	Computate ONLY if diseast	<u> </u>	Condidate/Offi		0.5	"	la #			Office le		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Oi	ffice soug	ynı			Office h	eia	
_		_										
	Date		Payee name	- 0 M								
	12/09/2023		Infinity Cake									
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$725.00		5721 Evers	Road								
			San Antonio	o, TX 78238		_						
	PURPOSE OF	(a)		e Categories listed at t		dule)	(b)	Description				
	EXPENDITURE			s/Donations Ma				ш		de of Texas. Com officeholder living	plete Schedule T.	
			Candidate/C	Officeholder/Pol	ılıcai Commil	liee					hip at scholarship	
								fundraiser	iita	пт эропэогэ	mp at soriolarsinp	
-	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Of	ffice soug	aht			Office he	eld	
	expenditure to benefit C/OI				01	5000	٠٠٠٠			Ooc 11		
\vdash												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/42 Rpt: 53/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	11/05/2023	Judge Andy Mireles Charitable Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	329 Mary Louise Drive
L		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	07/18/2023	Jump Design, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	9242 Bingham Drive
		San Antonio, TX 78230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Art work/design for AFL-CIO advertisement in AFL-
		CIO directory
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/18/2023	Jump Design, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$811.88	9242 Bingham Drive
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign branding
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		I Committee	Legal Services The Instruction Guide expla		/ages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	1
	Sch: 11/42 Rpt: 54/92	Torres, Tina	C. (The Honorable)					00065592		
4	Date	5 Payee name								
	09/05/2023	Jump Desig	n, LLC							
6	Amount (\$)	7 Payee addres	s; City; St	tate; Zip Co	de					
	\$135.31	9242 Bingha	ım Drive							
		San Antonio	, TX 78230							
8	PURPOSE OF	(a) Category (Se	e Categories listed at the top of thi	s schedule)	(b)	Description				
	EXPENDITURE	Advertising I	Expense			—		de of Texas. Com officeholder living		
						Art work/design				
						·	_		•	
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	1
	expenditure to benefit C/OI	1								
	Date	Payee name								
	09/21/2023	Jump Desig	n, LLC							
	Amount (\$)	Payee addres	s; City; Si	tate; Zip Co	de					
	\$811.88	9242 Bingha	ım Drive							
		San Antonio	, TX 78230							
	PURPOSE	(a) Category (Se	e Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Advertising I	Expense			=		de of Texas. Com officeholder living		
						Campaign bra			j expense	
						, , , , , , , , , , , , , , , , , , ,		3		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	1
	expenditure to benefit C/OI	4								
	Date	Payee name								1
	10/02/2023	Jump Desig	n, LLC							
	Amount (\$)	Payee addres	s; City; Si	tate; Zip Co	de					1
	\$135.31	9242 Bingha	ım Drive							
		San Antonio	, TX 78230							
	PURPOSE	(a) Category (Se	e Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Advertising I	Expense			ш		de of Texas. Com	•	
						Art work/design		officeholder living		
						. at monducin	ອ່່	.5. 44 101 110	/ L/	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld	+
	expenditure to benefit C/O	4								
										1
										╝

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/42 Rpt: 55/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
l	10/23/2023	MABA-SA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	P.O. Box 830953
		San Antonio, TX 78283
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scholarship fundraiser sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
L	11/30/2023	MABA-SA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 830953
L		San Antonio, TX 78283
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scholarship fundraiser sponsorship
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	10/16/2023	Madonna Center
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1906 Castroville Rd.
	Ψ1,300.00	1300 Castrovine Ita.
		San Antonio, TX 78237
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event sponsorship
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 13/42 Rpt: 56/92	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592
4	Date 09/01/2023	5 Payee name Northeast Bexar County Democrats	I
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 700766	
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78270-0766 (a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tickets to Labor Day event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/07/2023	Payee name Northwest Democrats	
	Amount (\$) \$700.00	Payee address; City; State; Zip Code P.O. Box 681911	
	PURPOSE OF EXPENDITURE	San Antonio, TX 78268 (a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorship at Pat Maloney, Sr. Public Service Award Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/07/2023	Payee name Northwest Democrats	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 681911	
		San Antonio, TX 78268	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement in program for Pat Maloney, Sr. Public Service Award Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

nse Travel Out of es/Contract Labor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.
1	Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)
	Sch: 14/42 Rpt: 57/92	Torres, Tina C. (The Honorable)		00065592
4	Date	5 Payee name		•
	11/05/2023	Office Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$155.27	17700 US 281, Suite 800		
		San Antonio, TX 78232		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Printing supplies/ink cartridge
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		grit	Office field
_				
	Date	Payee name		
	07/27/2023	Paesano's		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2,422.22	555 E. Basse Road		
		San Antonio, TX 78209		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fundraiser costs (food and beverage)
				runuraiser costs (rood and beverage)
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
_	D :			
	Date	Payee name		
	07/04/2023	Rodriguez, Miranda (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$100.00	7500 Callaghan Rd. #165		
		San Antonio, TX 78229		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Art work/design for advertisement for Pat Maloney,
				Sr. Public Service Award Dinner
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 15/42 Rpt: 58/92	Torres, Tina C. (The Honorable) 00065592	
4	Date	5 Payee name	
	07/16/2023	Rodriguez, Miranda (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	7500 Callaghan Rd. #165	
		San Antonio, TX 78229	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Art work/design for fundraiser invite	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
	Date	Payee name	=
	07/27/2023	SD 19 Tejano Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	574 Kendalia Ave.	
		San Antonio, TX 78221	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fee for participation in Petition signing event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	н -	
	Date	Payee name	=
	09/16/2023	Salazar, Gabriel (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$100.00	7123	
		Thrush View #37	
		San Antonio, TX 78209	
	PURPOSE	To a second seco	_
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign consultation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 16/42 Rpt: 59/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
l	07/07/2023	San Antonio AFL-CIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$140.00	9502 Computer Drive, Suite 201
l		
l		San Antonio, TX 78229
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Labor Day Breakfast table sponsorship (split)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
l	Date	Payee name
	07/18/2023	San Antonio AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	9502 Computer Drive, Suite 201
l		
		San Antonio, TX 78229
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Advertisement in San Antonio AFL-CIO Directory
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
┝	Date	Davida marra
l	08/07/2023	Payee name San Antonio Black Lawyer Association
┝		
l	Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 831202
l	φ200.00	F.O. BOX 031202
l		Con Antonio TV 70000
L		San Antonio, TX 78283
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Attendance at SABLA Gala / Justice in Noir
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ĺ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/42 Rpt: 60/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	10/06/2023	Shields for Kids
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	1117 West Hildebrand Avenue
		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Golf hole sponsorship
		Con note spensoromp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/11/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Credit data processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/12/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing foe
		Credit card processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/42 Rpt: 61/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/12/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing ree
<u> </u>	0 1. 0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	07/14/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	07/14/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 19/42 Rpt: 62/92	2 FILER NAME Torres, Tina C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065592
_	<u> </u>	
4	Date	5 Payee name
	07/14/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
		Sall Flaticisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/17/2023	Square
	Amount (\$)	
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	07/17/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/42 Rpt: 63/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/17/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit dara processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida marra
		Payee name
	07/17/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	
	Date	Payee name
	07/17/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card precessing foe
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/42 Rpt: 64/92	Torres, Tina C. (The Honorable)		00065592
4	Date	5 Payee name		•
	07/17/2023	Square		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$1.75	1455 Market Street, Suite 600		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description
	OF EXPENDITURE	Fees	_	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
			(Credit card processing fee
_	0 1: 0 1: 0			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	ht	Office held
	Date	Payee name		
	07/17/2023	Square		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$14.80	1455 Market Street, Suite 600		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) [Description
	OF EXPENDITURE	Fees	Į	Check if Austin TX officeholder living evenes
			L	Check if Austin, TX, officeholder living expense Credit card processing fee
				or can be proceeding roo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht	Office held
	expenditure to benefit C/OI	•		
	Date	Payee name		
	07/17/2023	Square		
	Amount (\$)	Payee address; City; State; Zip Code	ρ	
	\$3.20	1455 Market Street, Suite 600		
	Ψ0.20	1-00 Market Street, Salte 600		
		San Francisco, CA 94103		
	DUDDOOF	(1)		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	ו (מ T	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Ė	Check if Austin, TX, officeholder living expense
			(Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/42 Rpt: 65/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/18/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Cradit cord processing foe
		Credit card processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	'
	Date	Payee name
	07/19/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/19/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.75	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/42 Rpt: 66/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/20/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Greate early processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	07/23/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/23/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.10	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/42 Rpt: 67/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/24/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Ground data processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	07/24/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.65	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Great cara processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	5.	
	Date	Payee name
	07/24/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/42 Rpt: 68/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/26/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.65	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Great data processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/26/2023	Square
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
	φ29.30	1433 Market Street, Suite 600
L		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Cook on a processing roo
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/26/2023	Square
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
	φο.20	1100 market etroot, earle ood
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
L		
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/42 Rpt: 69/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/27/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.55	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Computate ONLY if diseast	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Operation ONE VIII II	Open districts (Office health are now as a constant of the con
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor,

pense Travel in District
pense Travel Out of District
ages/Contract Labor OTHER (enter a cate

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/42 Rpt: 70/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/27/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit out a processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.55	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/42 Rpt: 71/92	Torres, Tina C. (The Honorable)	00065592
4	Date	5 Payee name	
	07/27/2023	Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.30	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Credit card processing fee
			orealt early processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
\vdash	Data		
	Date 07/27/2023	Payee name	
		Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.55	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card processing fee
			erealistic processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	07/27/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.80	1455 Market Street, Suite 600	
	Ψ14.00	1433 Market Street, Suite 600	
		San Francisco CA 04102	
		San Francisco, CA 94103	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/42 Rpt: 72/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/27/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Greate early processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit dard processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/42 Rpt: 73/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/27/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$7.55	1455 Market Street, Suite 600
	Ψ1.55	1433 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit aard processing fee
		Credit card processing fee
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	07/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.10	1455 Market Street, Suite 600
		San Francisco, CA 94103
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payes name
	07/27/2023	Payee name
		Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee						Travel Out of District OTHER (enter a category not listed above)			
_	Total manna Calcadala Ed	_	EILED MANGE					1	_	Files ID	/F#5: 0	Commission File
1	Total pages Schedule F1:	2							3		•	Commission Filers)
	Sch: 31/42 Rpt: 74/92		Torres, Tina	a C. (The Honora	bie) ————					00065592	<u>'</u>	
4	Date	5	Payee name									
	07/27/2023		Square									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Coo	de					
	\$7.55		•	et Street, Suite 60		,						
	÷00				-							
			Can Francis	100 CA 04100								
			San Francis	sco, CA 94103								
8	PURPOSE OF	(a)	•	ee Categories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel of				ule T.
								Credit card or				
								Credit card pr	UC	essing lee		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office soug	ght			Office	held	
	experience to beliefft C/Of	<u>'</u>										
	Date		Payee name									
	07/27/2023		Square									
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Coo	de					
	\$24.95		•	et Street, Suite 60	•							
	\$2 1.00		oanc		-							
			Can Francis	100 CA 04400								
			San Francis	sco, CA 94103								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					Check if travel of				ule T.
								Credit card pr				
								Cieuil Caiu pi	UU	cooning let		
	Complete ONU V. C.	<u> </u>	Condidate (C.C.	ooholder : :		\ffic= -	y h 4				hold	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	C	Office soug	ynt			Office	neid	
	Date		Payee name									
	07/27/2023		Square									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Cod	de					
	\$7.55			et Street, Suite 60								
			San Erancio	sco, CA 94103								
		_		——————————————————————————————————————								
	PURPOSE OF	(a)		ee Categories listed at the	top of this sch	edule)	(b)	Description	a	do of Tours	umulata C-l- '	ulo T
	EXPENDITURE		Fees					Check if travel of Check if Austin,				uie I.
								Credit card pr				
								Crount out a pr		230119 100		
	Complete ONLY if direct	Ц,	Candidata/Offi	ceholder name)ffico cours	+dr			Office	hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Januiuaie/U∏I	centituel name	C	Office soug	yııt			Office	ri c iu	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

		The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/42 Rpt: 75/92	Torres, Tina C. (The Honorable)	00065592
4	Date	5 Payee name	
	07/27/2023	Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.60	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Credit card processing fee
_	2 1 2 2 2 2 2 2 2		200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/27/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.75	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_			
	Date	Payee name	
	07/27/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.75	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Credit card processing fee
_	0 1: 0		05.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/42 Rpt: 76/92	Torres, Tina C. (The Honorable)	00065592
4	Date	5 Payee name	
	07/27/2023	Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.30	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
8	PURPOSE	1	Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/27/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.10	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card processing fee
			order care processing roo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/27/2023	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.65	1455 Market Street, Suite 600	
		,	
		San Francisco, CA 94103	
	PURPOSE	() -	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	·	
_			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/42 Rpt: 77/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	07/27/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.32	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Great sala processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	07/27/2023	Payee name Square
		Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/28/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit Card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
	Sch: 35/42 Rpt: 78/92	Torres, Tina C. (The Honorable) 00065592	
4	Date	5 Payee name	
	07/28/2023	Square	
6	Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/28/2023	Square	
	Amount (\$) \$7.55	Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name Square	
	07/28/2023	Square	
	Amount (\$) \$14.80	Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/42 Rpt: 79/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	08/02/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	08/08/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
L	Computate ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/11/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 37/42 Rpt: 80/92	Torres, Tina C. (The Honorable)	00065592
4	Date	5 Payee name	•
l	08/14/2023	Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$72.80	1455 Market Street, Suite 600	
l			
l		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Credit card processing fee
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	<u>'</u>		
l	Date	Payee name	
L	08/14/2023	Square	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$14.80	1455 Market Street, Suite 600	
l			
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		1	Credit card processing fee
			eroan can a proceeding rec
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/17/2023	Square	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$14.80	1455 Market Street, Suite 600	
l		•	
l		San Francisco, CA 94103	
⊢	PURPOSE	(-) -	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Credit card processing fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to beliefit 6/01	•	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/42 Rpt: 81/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	09/11/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.55	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/12/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.30	1455 Market Street, Suite 600
	Ψ145.50	1433 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee
		Credit card processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 09/13/2023	Payee name Square
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Greatt out a processing rec
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/42 Rpt: 82/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	09/18/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Stock sale processing for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies same
	11/07/2023	Payee name
		Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit data processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/07/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Condidate/Officeholder neme
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/42 Rpt: 83/92	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	11/07/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Croak sara processing les
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/09/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	11/09/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense Salaries Means (Contract Labor)

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide explain:		ages	/Contract Labor		OTHER (enter a	category not listed above)	
┝	Total pages Schedule F1:	2 FILED NAM					3	Filer ID	(Ethics Commission	Filors)
	Sch: 41/42 Rpt: 84/92	1	a C. (The Honorable)					00065592	(Ethics Commission	riieis)
┢	Date	5 Payee name					<u> </u>			
	12/15/2023	Square	•							
Ļ			one City Ctat	7in Co	al a					
ľ	Amount (\$) \$29.30	7 Payee addre		e; Zip Co	ue					
l	Φ29.50	1455 Mark	et Street, Suite 600							
		San Franci	sco, CA 94103							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule)	(b)	Description				
l	OF EXPENDITURE	Fees						ide of Texas. Com		
l						Credit card p		, officeholder living	expense	
l						Cicuit cara pi	100	cooning icc		
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
l	expenditure to benefit C/OI	Н								
Г	Date	Payee name	9							
l	12/26/2023	Square								
H	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					
l	\$29.30	1455 Mark	et Street, Suite 600							
l										
		San Franci	sco, CA 94103							
l	PURPOSE OF	(a) Category (s	See Categories listed at the top of this so	chedule)	(b)	Description				
l	EXPENDITURE	Fees				=		ide of Texas. Com , officeholder living		
l						Credit card p			олронов	
l						•		J		
H	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
Г	Date	Payee name)							
l	07/10/2023	Squarespa	ce, Inc.							
Г	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					
l	\$298.77	225 Varick	St.							
l										
		New York	, NY 10014							
Г	PURPOSE	(a) Category (S	See Categories listed at the top of this so	chedule)	(b)	Description				
l	OF EXPENDITURE	Advertising						ide of Texas. Com		
l								, officeholder living	expense	
l						Landing page	÷ 110	osung		
\vdash	Complete ONLY if direct	Candidata/Of	ficeholder name	Office servi	abt			Office	Nd	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	yııı			Office he	tiu	
\vdash	•									
l										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 42/42 Rpt: 85/92	Torres, Tina C. (The Honorable) 00065592				
4	Date	5 Payee name				
	12/09/2023	The Lilly Church				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$250.00	134 Cardiff				
		San Antonio, TX 78220				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EXI ENDITORE	Candidate/Officeholder/Political Committee				
		Church holiday toy drive				
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	· 					
	Date	Payee name				
	07/13/2023	Torres-Stahl, Catherine (Judge)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	P.O. Box 830696				
		San Antonio, TX 78283				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Contribution to political campaign				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol					
	Date	Power name				
	09/05/2023	Payee name Westside Sol				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,250.00	1410 Guadalupe St. #109				
		04.4				
		San Antonio, TX 78207				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Campaign ads in Westside and South						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expense Printing Expense Salaries/Wages/C	contract Labor		ravel Out of District THER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explain	s how to complete	e this form.						
1	Total pages Schedule G:	2 FILER NAM	E			3 Fi	iler ID (Ethics Commission Filers)				
	Sch: 1/2 Rpt: 86/92	Torres, Tin	a C. (The Honorable)			0	0065592				
4	Date	5 Payee name)								
	07/26/2023	Annie's Lis	t								
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Code							
	\$100.00	P.O. Box 3	03277								
	Reimbursement from										
	political contributions intended	Austin, TX	78703								
8	PURPOSE		See Categories listed at the top of this s	chedule) (h) [Description	Chec	k if travel outside of Texas. Complete Schedule	т.			
Ŭ	OF	Event Expe		(S)		_	ck if Austin, TX, officeholder living expense				
	EXPENDITURE	L VOITE EXP	51100	Brun	ch event tic	_ :ket					
9	Complete ONLY if direct	L Candidate/Office	eholder name		ffice sought		Office held				
	expenditure to benefit C/OH				ŭ						
	Date	Payee name									
	09/10/2023	1 1	amo City BBQ								
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Code							
	\$192.04	909 Broad	way Street								
	Reimbursement from										
	political contributions intended	San Anton	io, TX 78215								
		_	See Categories listed at the top of this s	chedule)	Description	=	k if travel outside of Texas. Complete Schedule	Т.			
	PURPOSE	Category (s	g			Chac	k if Austin, TX, officeholder living expense				
	OF	Category (s Event Expe		,	[Circo					
		• • •			[ion signing	_	beverage expense				
	OF	• • •			ion signing	_					
	OF EXPENDITURE Complete ONLY if direct	• • •	ense	Petit	ion signing	_					
	OF EXPENDITURE	Event Expe	ense	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Event Expe	ense eholder name	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Event Expe	ense eholder name	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023	Event Expe	ense eholder name e Contact	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$)	Event Experiments Candidate/Office Payee name Constant	ense eholder name e Contact ess; City; Stat	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) \$81.01	Event Expe	ense eholder name e Contact ess; City; Stat	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) Reimbursement from political contributions	Event Experiments Candidate/Office Payee name Constant C Payee addre 1601 Trape	ense eholder name e Contact ess; City; Stat	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) \$81.01	Event Experiments Candidate/Office Payee name Constant	ense eholder name e Contact ess; City; Stat	Petit		_	beverage expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) Reimbursement from political contributions intended PURPOSE	Payee name Constant C Payee addre 1601 Trape Waltham, I	ense eholder name Contact ess; City; Statelo Rd. MA 02451 See Categories listed at the top of this s	Petit O		party I	Office held Office held	т.			
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) Reimbursement from political contributions intended	Payee name Constant C Payee addre 1601 Trape Waltham, I	ense eholder name Contact ess; City; Statelo Rd. MA 02451 See Categories listed at the top of this s	e; Zip Code	ffice sought Description	party I	Office held Office held Sk if travel outside of Texas. Complete Schedule sk if Austin, TX, officeholder living expense	T.			
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) \$81.01 Reimbursement from political contributions intended PURPOSE OF	Payee name Constant C Payee addre 1601 Trape Waltham, I	ense eholder name Contact ess; City; Statelo Rd. MA 02451 See Categories listed at the top of this s	e; Zip Code	ffice sought Description	party I	Office held Office held				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) \$81.01 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name Constant C Payee addre 1601 Trape Waltham, I Category (s) Advertising	ense cholder name	e; Zip Code chedule) [Mark]	Description [party I	Office held Office held Sk if travel outside of Texas. Complete Schedule sk if Austin, TX, officeholder living expense campaign e-mails	Т.			
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2023 Amount (\$) \$81.01 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name Constant C Payee addre 1601 Trape Waltham, I	ense cholder name	e; Zip Code chedule) [Mark]	ffice sought Description	party I	Office held Office held Sk if travel outside of Texas. Complete Schedule sk if Austin, TX, officeholder living expense	T.			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagner/Control Lib

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 87/92	Torres, Tina C. (The Honorable)		00065592
4	Date	5 Payee name		
	08/09/2023	Constant Contact		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$81.01	1601 Trapelo Rd.		
	Reimbursement from			
	political contributions intended	Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	L	Check if Austin, TX, officeholder living expense
			Marketing platform	m for campaign e-mails
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	09/09/2023	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$81.01	1601 Trapelo Rd.		
	Reimbursement from political contributions			
	intended	Waltham, MA 02451		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Marketing Platfor	m for campaign e-mails
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Data			
	Date 10/09/2023	Payee name		
		Constant Contact		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$81.01	1601 Trapelo Rd.		
	Reimbursement from political contributions			
	intended	Waltham, MA 02451		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Marketing platfori	m for campaign e-mails
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			

SCHEDULE |

	The Instruction Guide explains how to	complete this form.							
Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592							
Date 10/12/2023	5 Payee name Brianna's Boutique								
Amount (\$) 151.74	7 Payee Address; City; State; Zip 555 W. Bitters Rd. #117 San Antonio, TX 78216								
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Flowers for Presiding District							
Date 10/20/2023	Payee name								
Amount (\$) 151.74	Brianna's Boutique Payee Address; City; State; Zip 555 W. Bitters Rd. #117								
PURPOSE OF EXPENDITURE	San Antonio, TX 78216 (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. Flowers for Presiding District Court							
Date 10/23/2023	Payee name Brianna's Boutique								
Amount (\$) 157.24	Payee Address; City; State; Zip 555 W. Bitters Rd. #117								
PURPOSE OF EXPENDITURE	San Antonio, TX 78216 (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. Flowers for Presiding District Court							
Date 08/19/2023	Payee name COSTCO								
Amount (\$) 204.78	Payee Address; City; State; Zip 1201 N. Loop 1604 E. San Antonio, TX 78232								
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required Jury snacks for jury trial; snacks for staff							

SCHEDULE |

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592
Date 12/20/2023	5 Payee name Domino's	
Amount (\$) 61.32	7 Payee Address; City; State; Zip 250 W. Houston St. San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Wings for 5th Floor staff Christmas luncheon
Date 07/13/2023	Payee name HEB	
Amount (\$) 111.34	Payee Address; City; State; Zip 18140 San Pedro San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Jury snacks for jury trial
Date 12/05/2023	Payee name HEB	
Amount (\$) 116.60	Payee Address; City; State; Zip 18140 San Pedro San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required: Juror/staff snacks; coffee
Date 12/20/2023	Payee name HEB	
Amount (\$) 83.35	Payee Address; City; State; Zip 516 S. Flores St. San Antonio, TX 78204	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Pizza for 5th Floor staff Christmas luncheon

SCHEDULE |

	The Instruction Guide explains how to	complete this form.						
Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592						
Date 08/20/2023	5 Payee name Office Depot	<u> </u>						
Amount (\$) 98.90	7 Payee Address; City; State; Zip 17700 US 281, Suite 800 San Antonio, TX 78232							
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Coffee/supplies						
Date	Payee name							
11/01/2023	Oh, Yeah Cakes							
Amount (\$) 96.52	Payee Address; City; State; Zip 713 S. St. Mary's Street San Antonio, TX 78205							
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Dessert for clerks/staff Halloween luncheon/party						
Date 11/30/2023	Payee name The Board Couple							
Amount (\$) 517.43	Payee Address; City; State; Zip 2218 N. Zarzamora St. San Antonio, TX 78201							
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Food for clerks/staff Halloween luncheon/party						
Date 11/30/2023	Payee name The Board Couple							
Amount (\$) 63.85	Payee Address; City; State; Zip 2218 N. Zarzamora St.							
PURPOSE OF EXPENDITURE	San Antonio, TX 78201 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Food for clerks/staff Halloween luncheon/party						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<u> </u>									
	The Instruction Guide explains how to complete this form.						pages Schedule K: 1/2 Rpt: 91/92		
2	FILER NAME 3 File				er ID	er ID (Ethics Commission Filers)			
	Torres, Tina C. (The Honorable)				065	592			
4	Date	Date 5 Name of person from whom amount is received						8 Amount (\$)	
	07/21/2023		Frost Bank						\$0.53
		6	Address of person from whom amount is received; City; State; Zip Code						
			San Antonio, TX 78232						
		7	Purpose for which amount is received	Check if p	oliti	cal c	contr	ibution returned to filer	
			Interest on account						
F	Date	Ħ	Name of person from whom amount is received					Amount (\$)	
	08/18/2023		Frost Bank					, ,	\$2.30
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			San Antonio, TX 78232						
		T	Purpose for which amount is received	Check if p	oliti	cal d	contr	ibution returned to filer	
			Interest on account						
	Date	Ħ	Name of person from whom amount is received					Amount (\$)	
	09/21/2023		Frost Bank					(·)	\$4.25
		ļ	Address of person from whom amount is received; City; State; Zip Code		•••••				
			San Antonio, TX 78232						
			Purpose for which amount is received	Check if p	oliti	cal d	contr	ibution returned to filer	
			Interest on account						
	Date		Name of person from whom amount is received					Amount (\$)	
	10/20/2023		Frost Bank						\$3.84
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			San Antonio, TX 78232						
			Purpose for which amount is received	Check if p	oliti	cal d	contr	ibution returned to filer	
			Interest on account						
	Date		Name of person from whom amount is received					Amount (\$)	
	11/20/2023		Frost Bank						\$3.88
		ļ	Address of person from whom amount is received; City; State; Zip Code						
		L	San Antonio, TX 78232						
			Purpose for which amount is received	Check if p	oliti	cal o	contr	ibution returned to filer	
			Interest on account						
·									

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 92/92 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Torres, Tina C. (The Honorable) 00065592 5 Name of person from whom amount is received 8 Amount (\$) 12/20/2023 \$3.52 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 Purpose for which amount is received Check if political contribution returned to filer Interest on account