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) 00057418 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Catherine NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Cathy Torres-Stahl CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 830696 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78283 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Margaret G. NAME NICKNAME LAST **SUFFIX** Montemayor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2329 West Gramercy **ADDRESS** (Residence or Business) San Antonio, TX 78201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 724-1855 **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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 11/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

Criminal District Court Judge District 175 Bexar

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Torres-Stahl, Catheri	ne (The Honorable)	14 Filer ID 00057418	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political een made without the candidate's or of ort this information only if they receive	ficeholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
16 CONTRIBUTION TOTALS			NS(OTHER THAN PLEDGES, LOANS IONS MADE ELECTRONICALLY)	s 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$ 3,000.00
EXPENDITURE TOTALS	+ ` ` ` `	IZED POLITICAL EXPENDITURE	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 7,313.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$ 31,965.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		true and corr	firm, under penalty of perjury, that the ect and includes all information require 5, Election Code.	accompanying report is d to be reported by me
			The Honorable Catherine Torre	es-Stahl
			Signature of Candidate or Office	holder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and		
Signature of office	cer administering oath	Printed name of officer adn	ninistering oath Title of offi	cer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVLK SHLLI	3 of 18			
	18 FILER NAME Torres-Stahl, Catherine (The Honorable) 19 Filer ID (Ethics Commission Filers) 00057418							
		E SUBTOTALS SCHEDULE		SUBTOTAL AN	MOUNT			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,000.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	7,313.84			
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	1		ges Schedule A(J) L Rpt: 4/18	1:		
	FILER NAME Torres-Stahl	, Catherine (The Honorable)			3 1		(Ethics Commiss	ion Filers)
	Date 11/14/2024	Full name of contributor Law Offices of Fidel Rod Contributor address; City; \$	_		7 /	Amount (of Contribution (\$)	\$500.00
8	Contributor's I	San Antonio, TX 78212 Principal Occupation		9 Contributor's Job Title				
ľ	Contributor 3 i	melpai Occupation		5 Continuator 3 300 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)	<u></u>				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ,	Amount (of Contribution (\$)	
	11/14/2024	Thomas J Henry Law						\$2,500.00
		Contributor address; City; S San Antonio, TX 78269	, , , , , , , , , , , , , , , , , , ,					
	Contributor's I	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm				Law firm of contributor's s	oouse	(if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above	e)
	Credit Card Payment		The Instruction Guid	e explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAMI	Ē.				3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/14 Rpt: 5/18	Torres-Stal	nl, Catherine (The	Honorable)				00057418		
4	Date	5 Payee name				•				
	10/10/2024	American F	oundation for Suic	ide Prevention						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$300.00	120 Wall S	t, Ste 29							
		New York,	NY 10005							
8	PURPOSE	(a) Category (S	ee Categories listed at the t	on of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE	Candidate/	Officeholder/Politic	al Committee		—	, TX,	officeholder living	g expense	
						Sponsorship				
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ignt			Office he	eia	
_										
	Date	Payee name								
	09/10/2024		I Forum of Bexar							
	Amount (\$)	Payee addre	. , ,	State; Zip Co	ode					
	\$200.00	1717 N Loc	p 1604 East							
		San Antoni	o, TX 78232							
	PURPOSE OF	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE		ns/Donations Made Officeholder/Politic	,		=		de of Texas. Com officeholder living	plete Schedule T.	
		Candidate/	Officeriolder/Politic	ai Committee		Donation	, 17,	omeenoider iiving	у ехрепас	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ı <u> </u>			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	10/08/2024	1	gels Foundation							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$1,100.00	7800 IH-10	•							
		Ste 626								
		San Antoni	o, TX 78230							
	PURPOSE		ee Categories listed at the t	on of this schodule)	(b)	Description				
	OF		ns/Donations Made		(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic					officeholder living		
						Models of Co	ura	ıge Table S _l	oonsorship	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	onponditure to benefit 6/01	•								

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	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: 2/14 Rpt: 6/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	11/21/2024	Bill Miller Bar B Q
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.48	901 Probandt Ste 53
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Court Thanksgiving Luncheon
		Court manksgiving Editcheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	07/15/2024	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd
	*****	Ste. 329
		Waltham, MD 02451
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet Services
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/Oi	
	Date	Payee name
	08/15/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd
		Ste. 329
		Waltham, MD 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
		Internet Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\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

	Credit Card Payment	The Instruction Guide explains how to co	·	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 7/18	Torres-Stahl, Catherine (The Honorable)		00057418
4	Date	5 Payee name		
	09/16/2024	Constant Contact		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$47.97	1601 Trapelo Rd		
		Ste. 329		
		Waltham, MD 02451		
8	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 Internet Services
				internet Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
J	expenditure to benefit C/O		ynı	Office field
	Date	Doving name		
	10/15/2024	Payee name Constant Contact		
			do	
	Amount (\$) \$47.97	Payee address; City; State; Zip Co 1601 Trapelo Rd	ue	
	Φ47.97	·		
		Ste. 329		
		Waltham, MD 02451		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Internet Services
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	H		
	Date	Payee name		
	11/14/2024	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$47.97	1601 Trapelo Rd		
		Ste. 329		
		Waltham, MD 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.
	LA LABITORE			Check if Austin, TX, officeholder living expense Internet Services
				internet Services
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office Held

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 4/14 Rpt: 8/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	12/16/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd
		Ste. 329
		Waltham, MD 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/23/2024	Culligan Water Conditioning Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.87	1034 Austin St
		San Antonio, TX 78208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for Court
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/23/2024	Culligan Water Conditioning Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.87	1034 Austin St
		San Antonio, TX 78208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for Court
		Water for South
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 5/14 Rpt: 9/18	Torres-Stahl, Catherine (The Honorable) 00057418	
4	Date	5 Payee name	
	09/24/2024	Culligan Water Conditioning Co	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.37	1034 Austin St	
		San Antonio, TX 78208	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Court	
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	
	10/23/2024	Culligan Water Conditioning Co	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.37	1034 Austin St	
		San Antonio, TX 78208	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Court	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
-	Date	Pavee name	
	11/25/2024	Culligan Water Conditioning Co	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.37	1034 Austin St	
		San Antonio, TX 78208	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Court	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		nmittee	Legal Services		ries/Wag	ense ges/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	ıide explains how t	o com	plete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	Filers)
	Sch: 6/14 Rpt: 10/18		Torres-Stah	I, Catherine (Th	e Honorable)				00057418		
4	Date	5	Payee name								
	12/24/2024		Culligan Wa	ter Conditioning	g Co						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	e				
	\$53.37		1034 Austin	St							
			San Antonio	, TX 78208							
8	PURPOSE	(a)	Category (sc	e Categories listed at th	as top of this schodule)	(k	b) Description				
	OF	'		nead/Rental Exp			:	el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						ш		, officeholder living	g expense	
							Water for Co	ourt			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office	sough	nt		Office h	eld	
	Date		Payee name								
	12/05/2024		HNBA VIA								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е				
	\$75.00		1020 19th S	t NW,							
			Ste 505								
			Washington	, DC 20036							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(k	b) Description				
	OF EXPENDITURE		Event Exper		, ,		=		ide of Texas. Com		
							ш		, officeholder living	g expense	
							Reception S	beat			
_	Complete ONLY if direct	<u> </u>	Candidato/Offic	ceholder name	Office	conap	nt .		Office h	ald	
	expenditure to benefit C/O		zanuluale/Onii	centituer frame	Office	sougi	п		Office III	eiu	
_		1									
	Date		Payee name								
	11/27/2024		JCPenney								
	Amount (\$)		Payee addres	•	State; Zip	Code	9				
	\$159.05		17710 La C	antera Pkwy							
			San Antonic	, TX 78257							
	PURPOSE OF	(a)		e Categories listed at th		(k	Description				
	EXPENDITURE		Gift/Awards	Memorials Exp	ense		ш		ide of Texas. Com , officeholder living	•	
							Christmas g				
							· · · · · · · · · · · · · · · · · ·		··· 9 ·		
\vdash	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	nt		Office h	eld	
	expenditure to benefit C/OI				- 100	- 3					
l											

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 11/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	09/23/2024	MABA of San Antonio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	PO Box 830953
		San Antonio, TX 78283
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Golf Tournament Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	MABA of San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 830953
	Ψ100.00	1 O Dox 000000
		O A TV 70000
		San Antonio, TX 78283
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
	Commission ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	· 	
	Date	Payee name
	10/21/2024	MABA of San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 830953
		San Antonio, TX 78283
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Dia de los Muertos Sponsorship
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 8/14 Rpt: 12/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date 11/27/2024	5 Payee name Marshalls
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.00	12635 I10 West
		Ste 505
L		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift bags for Nursing Home
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
L		San Antonio, TX 78270
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
H	Date	Payao namo
	08/15/2024	Payee name North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
	Ψ3.30	
		San Antonio, TX 78270
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
_		

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: 9/14 Rpt: 13/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	09/16/2024	North East Bexar County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
		San Antonio, TX 78270
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Monthly Donation
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
		San Antonio, TX 78270
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Monthly Donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	North East Bexar County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
		San Antonio, TX 78270
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Monthly Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

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 Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Firthing Expense Legal Services Salaries/Wages/Contract Labor

	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: 10/14 Rpt: 14/18	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	11/15/2024	North East Bexar County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	PO Box 700766
		San Antonio, TX 78270
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Monthly Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to berieff C/O	
	Date	Payee name
	10/10/2024	Pan American League
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	PO Box 681435
		San Antonio, TX 78268
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		1/2 Table Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	08/27/2024	Payee name SA Coalition for Veterans & Families
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4102 S. New Braunfels Ave, Ste 110-132
	Ψ230.00	4102 3. New Braumers Ave, 5te 110-132
		San Antonio, TX 78223
	DUDD 005	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 11/14 Rpt: 15/18	Torres-Stahl, Catherine (The Honorable) 00057418					
4	Date	5 Payee name					
	09/09/2024	Sam's Club					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$115.32	5565 De Zavala Road					
		San Antonio, TX 78249					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense					
	LAI LINDITORE	Check if Austin, TX, officeholder living expense					
		Christmas gifts for Esperanza Court					
_	0 1: 0.11.7.7.1.						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	08/21/2024	San Antonio Feminist Film Festival (SAFFF)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	15662 Robin Ridge					
		San Antonio, TX 78248					
	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					
		Sponsorship					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· ·					
	D :						
	Date	Payee name					
	09/05/2024	State Bar of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	1414 Colorado St.					
		Austin, TX 78701					
	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					
		Membership Dues					
		Membership Dues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM		<u> </u>	·		3	Filer ID	(Ethics Commission Filers)
-	Sch: 12/14 Rpt: 16/18		– nl, Catherine (The H	onorable)			ľ	00057418	(24,100 00,11,110,0)
4	Date	5 Payee name	•	,			<u> </u>		
•	07/24/2024	,	ciation of District Ju	ıdaes					
6		7 Payee addre		State; Zip Co	ndo.				
ľ	Amount (\$) \$26.06	113th Distr		State, Zip Ct	Jue				
	Ψ20.00								
		Houston, T	ne, 10th Floor						
Ļ									
8	PURPOSE OF		see Categories listed at the top		(b)	Description Check if travel	nutei	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		=		officeholder living	
						Legal Book			
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld
	experialitire to beliefit C/OI	1							
	Date	Payee name							
	10/11/2024	Texas Cen	ter for The Judiciary						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$75.00	1210 San <i>i</i>	Antonio						
		Ste 800							
		Austin, TX	78701						
	PURPOSE	(a) Category (s	see Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						Continuing Le		officeholder living	expense
						Continuing Ex	ege	ii Ladodiioii	
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/OH								
	Date	Payee name	!						
	09/10/2024	Therapeuti	c Justice Foundation	า					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$1,000.00	104 Babco	ck Rd						
		Ste 107							
		San Antoni	o, TX 78201						
	PURPOSE	(a) Category (S	see Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made			ш		de of Texas. Com	
		Candidate/	Officeholder/Politica	Il Committee		Table Sponso		, officeholder living hin	expense
						. asio oporist	اد. ی	·	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld
	expenditure to benefit C/O			200 000	ə. n			200 110	· -

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: 13/14 Rpt: 17/18	Torres-Stahl, Catherine (The Honorable) 00057418
4 Date	5 Payee name
11/18/2024	United States Post Office
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$232.00	1140 S. Laredo Street
	San Antonio, TX 78204
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	P. O. Box Rental
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/09/2024	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	24403 IH 10 West
	San Antonio, TX 78255
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Gift cards donation
One of the ONE Wife diagram	Open finds to 10 ff as hadden as a second to the second to
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$11.89	24403 IH 10 West
	San Antonio, TX 78255
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
	Gift card donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Torres-Stahl, Catherine (The Honorable) 00057418
5 Payee name
Wreaths Across America
7 Payee address; City; State; Zip Code
P O Box 460043
San Antonio, TX 78246
(a) Category (See Categories listed at the top of this schedule) (b) Description
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Wreath Sponsorship
Candidate/Officeholder name Office sought Office held
differential of the sought of