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 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tina C. NAME Date Received **ELECTRONICALLY FILED** 01/10/2025 NICKNAME LAST **SUFFIX Torres** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 14546 Brookhollow Blvd. #311 MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78232 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Pete A. NAME NICKNAME LAST **SUFFIX Torres** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 1011 Mt. Kisco **ADDRESS** (Residence or Business) San Antonio, TX 78213 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 779-2174 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 407 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Torres, Tina C. (The	Honorable)	14 Filer ID (00065592	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this informatio	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 ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 5,000.00			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00			
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 11,070.87			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 34,585.97			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hor	orable Tina C. Torres	S			
		Signature o	f Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
	of, 20, to certify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 19
_	ER NAN	(Eth	ics Commission Filers)		
	HEDULI				
NA	ME OF	SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	5,000.00
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	\$	11,070.87	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	2,255.19
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	13.26

	MONET	ARY POLITICAL CONTRIB	UTIO)NS		SCHEDULE	A(J	J)1
	The Instru	ction Guide explains how to complete	Total pages Schedule A(3 Sch: 1/1 Rpt: 4/19)1:				
2	FILER NAME Torres, Tina	FILER NAME Forres, Tina C. (The Honorable)				Filer ID (Ethics Commis 00065592	sion Fi	lers)
4	Date 10/17/2024	 Full name of contributor	AC (ID#:_		7	Amount of Contribution (\$,000.00
_		San Antonio, TX 78212						
		Principal Occupation		9 Contributor's Job Title				
10	Contributor's 6	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)						
	Date	Full name of contributor out-of-state PA	PAC (ID#:_)	$\overline{\top}$	Amount of Contribution (\$;)	
	10/02/2024 The Bexar County Justice PAC of SATLA Contributor address; City; State; Zip Code						\$1,	,500.00
_	2 tulburaharila l	San Antonio, TX 78232		Control 1sh Title	L			
		Principal Occupation		Contributor's Job Title				
	Contributor's e	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 ut-of-state P.	AC (ID#:_)	Π	Amount of Contribution (\$,)	
	10/25/2024	Thomas J Henry Law PLLC					\$2,	,500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78269-6025							
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's 6	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)						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u> </u>
1	Total pages Schedule F1: Sch: 1/10 Rpt: 5/19	2 FILER NAME Torres, Tina C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065592
4	Date	5 Payee name
	10/21/2024	Bexar County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1844 Fredericksburg Road
		San Antonio, TX 78201
Ļ		
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 expense; voter outreach
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	10/21/2024	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	
	\$100.00	1844 Fredericksburg Road
		San Antonio, TX 78201
	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 expense; voter outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	10/21/2024	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1844 Fredericksburg Road
		San Antonio, TX 78201
	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 expense; voter outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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

xpense Travel in D Expense Travel Out Nages/Contract Labor OTHER (e

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide			cte this form.		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAMI	 E			[3	3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/10 Rpt: 6/19		a C. (The Honorable	e)				00065592		
4	Date	5 Payee name				•				
	10/21/2024	l .	nty Democratic Part	у						
6	Amount (\$)	7 Payee addre		State; Zip Co	ode					
	\$100.00	1844 Frede	ericksburg Road							
		San Antoni	o, TX 78201							
8	PURPOSE OF	(a) Category (S	see Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			Check if travel out				
						Event expense				
						•				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld	
	experialitare to benefit 6/01									
	Date	Payee name								
	09/16/2024	COSTCO								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$318.30	1201 N. Lo	op 1604 E.							
		San Antoni	o, TX 78232							
	PURPOSE OF	(a) Category (S	see Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			Check if travel ou Check if Austin, 1				
						Contribution of				
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	T								
	Date	Payee name								
	07/09/2024	Constant C	ontact							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$81.01	1601 Trape	elo Rd.							
		Waltham, N	ИА 02451 ————————————————————————————————————							
	PURPOSE OF	1	see Categories listed at the to	p of this schedule)	(b)	Description Check if travel out	uteir	le of Toyas Com	plete Schedule T.	
	EXPENDITURE	Advertising	Expense			Check if Austin, 1				
						Marketing plat				
	Complete ONLY if direct		iceholder name	Office sou	ight			Office he	eld	
	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/Officebolder/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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
•	Sch: 3/10 Rpt: 7/19	Torres, Tina C. (The Honorable)	2.0)
4	Date	5 Payee name	
	08/09/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.01	1601 Trapelo Rd.	
		Waltham, MA 02451	
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 Marketing platform for campaign e-mails	
		Marketing platform for campaign e-mails	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	
	09/09/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.01	1601 Trapelo Rd.	
		Waltham, MA 02451	
	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	
		Marketing platform for campaign e-mails	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/09/2024	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	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Marketing platform for campaign e-mails	
L	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 Commi

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	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 4/10 Rpt: 8/19	Torres, Tina C. (The Honorable) 00065592						
4	Date	Payee name						
	11/12/2024	Constant Contact						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$81.01	1601 Trapelo Rd.						
		Waltham, MA 02451						
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						
		Marketing platform for campaign e-mails						
		mamoung plane mine campaign e mane						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	12/09/2024	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						
		mamoung plane mine campaign e mane						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OF							
	Date	Payee name						
	08/09/2024	GoDaddy						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.16	2155 East GoDaddy Way						
	, , , , ,							
		Tempe, AZ 85284						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
		Check if Austin, TX, officeholder living expense Domain costs						
		Domain costs						
_	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
Credit Card Payment

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 Solicitation/Fundraising Expense 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 c	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 9/19		Torres, Tina C. (The Honorable)		00065592
4	Date	5	Payee name		•
	09/19/2024		GoDaddy		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$95.82		2155 East GoDaddy Way		
			Tempe, AZ 85284		
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.
	EX. ENDITORE				Check if Austin, TX, officeholder living expense Web hosting costs
					Web Hosting Costs
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	t Office held
	expenditure to benefit C/O		Sandidate/Sinceriolaer name Since 30	agrit	Conice riciu
	Date	Т	Payee name		
	10/23/2024		HLAA		
	Amount (\$)	┝	Payee address; City; State; Zip C	ode	
	\$250.00		1 Camino Santa Maria	ouc	
	Ψ230.00		1 Garrino Garria Waria		
			San Antonio, TX 78228		
	PURPOSE	(2)		(h)) Description
	OF	۱۳۹	Category (See Categories listed at the top of this schedule) Event Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		Check if Austin, TX, officeholder living expense
					Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	t Office held
	experientare to benefit 6/61				
	Date		Payee name		
	12/14/2024		Infinity Cakes & More		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$750.00		5721 Evers Road		
			San Antonio, TX 78238		
	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
					Sponsorship of chamoy fountain at Christmas event
					Specialisting of stating foundation of officering event
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O			J	
_					

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 Solicitation/Fundraising Expense 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: 6/10 Rpt: 10/19	2 FILER NAME Torres, Tina C. (The Honorable) 3 Filer ID (Ethics Commission Filers 00065592)
4	Date 10/22/2024	5 Payee name Jump Design, LLC	
6	Amount (\$) \$135.31	7 Payee address; City; State; Zip Code 9242 Bingham Drive	
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78230 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad design	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 12/27/2024	Payee name LULAC 4484	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 418 Rosa Verde San Antonio, TX 78207	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 09/14/2024	Payee name MABA-SA	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 830953	
		San Antonio, TX 78283	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/O	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	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: 7/10 Rpt: 11/19	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	10/14/2024	MABA-SA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 830953
		San Antonio, TX 78283
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.
		Check if Austin, TX, officeholder living expense Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	11/28/2024	MABA-SA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 830953
		San Antonio, TX 78283
	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
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Magatra Entraprepaus Contar
	07/22/2024	Maestro Entrepreneur Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1811 S. Laredo St.
		San Antonio, TX 78207
	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 Event sponsorship
		Everit sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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

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: 8/10 Rpt: 12/19	Torres, Tina C. (The Honorable) 00065592
4 Date	5 Payee name
08/14/2024	Pan American League
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 681435
	San Antonio, TX 78268
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
	Event sponsorship
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	San Antonio Coalition for Veterans and Families
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 15478
φοσοίσο	1161.56X.16116
	San Antonio, TX 78212
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
	Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiantare to serionic eye.	
Date	Payee name
09/04/2024	San Antonio Feminist Film Festival
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	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Event 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 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 The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)	$\overline{}$
	Sch: 9/10 Rpt: 13/19		a C. (The Honorable)					00065592	,	
4	Date	5 Payee name								
	09/26/2024	San Antoni	o Trial Lawyers Associa	ation						
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode					
	\$150.00	P.O. Box 1	20212							
		San Antoni	o, TX 78212							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			=		de of Texas. Comp		
						Sign at event		officeholder living	expense	
						oign at event				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ight			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	09/26/2024	San Antoni	o Trial Lawyers Associa	ation						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$600.00	P.O. Box 1	20212							
		San Antoni	o, TX 78212							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			=		de of Texas. Comp officeholder living		
						Event sponso			expense	
						Event sponse	,,,,,,	"P		
Н	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	_
	expenditure to benefit C/OI									
	Date	Payee name								
	10/31/2024	Shields for	Kids							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$200.00	1117 West	Hildebrand Avenue							
		San Antoni	o, TX 78201							
	PURPOSE OF		ee Categories listed at the top of the	his schedule)	(b)	Description	_			
	EXPENDITURE	Advertising	Expense					de of Texas. Com		
						Sign at golf to		officeholder living	expense	
						Sign at gon to	Juil	nament		
-	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ight			Office he	eld	_
	expenditure to benefit C/OI		-		J					

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 (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.	ory flot listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ics Commission Filers)				
	Sch: 10/10 Rpt: 14/19		,				
4	Date	5 Payee name					
	09/13/2024	Therapeutic Justice Foundation					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	104 Babcock Road, Suite 107					
		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 S Check if Austin, TX, officeholder living expen					
		Event sponsorship					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	10/15/2024	UPS Store					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$356.00						
	φοσο.σσ	14040 Block Hollow Blvd.					
		San Antonio, TX 78232					
	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 S					
		Campaign P.O. Box rental	ise				
		Campaign 1 to 1 Box Tonia.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
	Date	Payee name					
	07/09/2024	Y'all LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$294.22						
	Ψ254.22	23 W. Main 3t., 113					
		Madison, WI 53703					
	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 S					
	EXI ENDITORE	Check if Austin, TX, officeholder living expen	nse				
		Hosting for landing page					
	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold					
	Complete ONLY if direct expenditure to benefit C/OI						
	·						

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 10/25/2024	5 Payee name Brianna's Boutique				
Amount (\$) 124.41	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 Courtroom			
Date	Payee name				
12/02/2024	Brianna's Boutique				
Amount (\$) 200.21	Payee Address; City; State; Zip 555 W. Bitters Rd. #117 San Antonio, TX 78216				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required Christmas flowers for Presiding District Court			
Date 12/16/2024	Payee name Brianna's Boutique				
Amount (\$) 200.21	Payee Address; City; State; Zip 555 W. Bitters Rd. #117 San Antonio, TX 78216				
PURPOSE OF		(b) Description (See instructions regarding type of information required Christmas flowers for Presiding District Court			
EXPENDITURE		, and the second			
Date 10/23/2024	Payee name Harland Clarke				
Amount (\$) 34.40	Payee Address; City; State; Zip 15955 La Cantera Pkwy. San Antonio, TX 78256				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required Check order			

SCHEDULE |

Total pages Cabadula I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Total pages Schedule I: Sch: 2/3 Rpt:	Torres, Tina C. (The Honorable)	00065592
Date 11/04/2024	5 Payee name Hispanic Women's Network of Texas	
Amount (\$) 100.00	7 Payee Address; City; State; Zip P.O. Box 152278 Austin, TX 78715	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation to Barbie Hernandez scholarship fund
Date 11/12/2024	Payee name Jenny's Restaurant	
Amount (\$) 150.00		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Thanksgiving lunch for clerks
Date 12/24/2024	Payee name Jenny's Restaurant	
Amount (\$) 1,000.00	Payee Address; City; State; Zip 8035 Culebra Rd. #114 San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Christmas eve lunch for Courthouse staff
Date 10/15/2024	Payee name Pizza Hut	
Amount (\$) 49.00	Payee Address; City; State; Zip 730 S. Santa Rosa San Antonio, TX 78204	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Pizza for staff

SCHEDULE |

	The Instruction Guide explains how t		
Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers 00065592	
Date 07/15/2024	5 Payee name Target		
Amount (\$) 113.82	7 Payee Address; City; State; Zip 13700 San Pedro Ave. 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 and breakroom snacks; coffee	
Date	Payee name		
09/23/2024	Target		
Amount (\$) 91.88			
PURPOSE OF EXPENDITURE	San Antonio, TX 78232 (a) Category (See instructions for examples of acceptable categories Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Jury and breakroom snacks; coffee	
Date 10/07/2024	Payee name Target	•	
Amount (\$) 91.90	Payee Address; City; State; Zip 13700 San Pedro Ave.		
PURPOSE OF EXPENDITURE	San Antonio, TX 78232 (a) Category (See instructions for examples of acceptable categories Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Jury and breakroom snacks; coffee	
Date 12/02/2024	Payee name Target	l .	
Amount (\$) 99.36	Payee Address; City; State; Zip 13700 San Pedro Ave.		
PURPOSE OF EXPENDITURE	San Antonio, TX 78232 (a) Category (See instructions for examples of acceptable categories Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Breakroom snacks; coffee	

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.			pages Schedule K: 1/2 Rpt: 18/19		
2	FILER NAME		3	Filer II	D (Ethics Commission F	ilers)
	Torres, Tina C. (The Honorable)			5592		
4	Date				8 Amount (\$)	
	07/19/2024	Frost Bank			γ unodin (φ)	\$2.61
	0111012024					Ψ2.01
		6 Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78232				
			1000			
			Olitic	cai con	tribution returned to filer	
		Interest on account				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/20/2024	Frost Bank				\$2.90
		Address of person from whom amount is received; City; State; Zip Code			1	
		San Antonio, TX 78232				
		Purpose for which amount is received	olitio	cal con	tribution returned to filer	
		Interest on account				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/20/2024	Frost Bank			, unodite (\$\psi\$)	\$2.70
						4 0
		Address of person from whom amount is received; City; State; Zip Code				
		San Antonio, TX 78232				
			olitio	cal con	I tribution returned to filer	
		Interest on account	Ontic	Jai 0011	and and to the men	
	5 .				T	
	Date	Name of person from whom amount is received			Amount (\$)	#4.00
	10/21/2024	Frost Bank				\$1.92
		Address of person from whom amount is received; City; State; Zip Code				
		0 4 1 5 70 7000				
		San Antonio, TX 78232				
			olitio	cal con	tribution returned to filer	
		Interest on account				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/21/2024 Frost Bank					\$1.72
		Address of person from whom amount is received; City; State; Zip Code			1	
		San Antonio, TX 78232				
		Purpose for which amount is received Check if p	olitio	cal con	tribution 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: 19/19 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 (\$) 12/19/2024 Frost Bank \$1.41 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