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 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Catherine NAME Date Received **ELECTRONICALLY FILED** 07/11/2025 NICKNAME LAST **SUFFIX** Cathy Torres-Stahl CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; 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** Mrs. Margaret G. NAME NICKNAME LAST **SUFFIX** Montemayor **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** (210) 724-1855 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 175 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

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.	political contributions accepted or politic These expenditures may have been m I officeholders are required to report thi	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	ER NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(O	THER THAN PLEDGES, LOANS.	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES	S OF EGNING)	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 7,343.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 31,917.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, u true and correct an under Title 15, Elec	under penalty of perjury, that the ac id includes all information required t ction Code.	companying report is o be reported by me
		Tř	ne Honorable Catherine Torres-	Stahl
			Signature of Candidate or Officeho	lder
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 seal		
Signature of office	cer administering oath	Printed name of officer administe	ring oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 16						
	8 FILER NAME Torres-Stahl, Catherine (The Honorable) 19 Filer ID (Ethics Commission Filers) 00057418						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$					
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 CONTRIBUTION:	S	\$ 7,343.92				
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	ONS	\$				
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 75.00				

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/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: 1/12 Rpt: 4/16	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	03/18/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.16	410 Terry Ave, North
		Seattle, WA 98109
8	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
		Office supplies - printer ink
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	02/14/2025	Angie's Angels Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7800 IH-10 West
		Ste 626
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Table Sponsorship - Show The Love
		Table Sponsorship - Show the Love
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/23/2025	Awards Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,267.84	4831 Whirlwind St
	Ψ2,207.04	4031 Williawild St
		San Antonio, TX 78217
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fiesta Medals
	0 1 0 0 1 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

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: 2/12 Rpt: 5/16	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	01/14/2025	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 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 sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/14/2025	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
		internet Services
_	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 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: 3/12 Rpt: 6/16	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	04/14/2025	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 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 sought Office held
	expenditure to benefit C/O	-
Г	Date	Payee name
	05/14/2025	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
		internet Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	06/16/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.17	1601 Trapelo Rd
		Ste. 329
		Waltham, MD 02451
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	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/O	
T		
1		

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 Committ

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 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 7/16	Torres-Stahl, Catherine (The Honorable) 00057418
4 [Date	5 Payee name
C	01/23/2025	Culligan Water Conditioning Co
6 A	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for court
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	mperialitate to benefit 6/61	
	Date	Payee name
C)2/25/2025	Culligan Water Conditioning Co
P	Amount (\$)	Payee address; City; State; Zip Code
	\$113.87	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
		valor for court
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_) oto	Davis same
	Date	Payee name
	03/25/2025	Culligan Water Conditioning Co
P	Amount (\$)	Payee address; City; State; Zip Code
	\$11.37	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
_	Demonstrate ONE V. C. P.	On didn't lot for a series of the series of
	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 -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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OT USE (of the Section 2014 Each of the 19)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total name - Oct - 1 1 51	
1	Total pages Schedule F1: Sch: 5/12 Rpt: 8/16	2 FILER NAME Torres-Stahl, Catherine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057418
4	Date	5 Payee name
	04/23/2025	Culligan Water Conditioning Co
6	Amount (\$) \$11.37	7 Payee address; City; State; Zip Code 1034 Austin St San Antonio, TX 78208
8	PURPOSE	
0	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2025	Culligan Water Conditioning Co
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.37	1034 Austin St
		San Antonio, TX 78208
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. 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
	Date	Payee name
	06/24/2025	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
	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/Oh	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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 6/12 Rpt: 9/16	Torres-Sta	hl, Catherine (The H	Ionorable)				00057418		
4	Date	5 Payee name)							
	04/30/2025	La Margari	ta							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$571.76	120 Produc	ce Row							
		San Antoni	o, TX 78207							
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			_		ide of Texas. Com , officeholder livinç	plete Schedule T.	
						Office Lunche			g expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	Date	Payee name	<u> </u>							
	03/26/2025	l	orpus Christi							
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$314.16	600 N Sho	•	Otate, Zip O	ouc					
	Ψ014.10	0001131101	iciliic biva							
		Corpus Ch	risti, TX 78401							
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
						Specialty Cou		officeholder living		Court Toam
						Specially Col	<i>.</i> 11 t	Controller	Бэрсганда	Court ream
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	uaht			Office he	ald	
	expenditure to benefit C/O		neerioider name		ugiit			Onice in	Ciu	
	Date	Payee name)							
	02/21/2025	NADCP								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$60.00	P. O. Box 7	79289							
		Baltimore,	MD 21279							
	PURPOSE OF	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Fees							plete Schedule T.	
						Membership		, officeholder living	J expense	
						Membership	Du	C 3		
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	liapt			Office he	ald	
	expenditure to benefit C/O		ncentiuel name	Office SU	agni			Office III	Liu	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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:		
L	Sch: 7/12 Rpt: 10/16	Torres-Stahl, Catherine (The Honorable) 00057418	
4	Date	5 Payee name	
	01/15/2025	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	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/Oh		
	Date	Payee name	
	02/18/2025	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	
	LA LIBITORE	Candidate/Officeholder/Political Committee	
		Monthly Donation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
 	Data		_
	Date	Payee name North Fact Poyar County Domocrate	
	03/17/2025	North East Bexar County Democrats	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	PO Box 700766	
		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	н	ĺ
			_

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 Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printi
Legal Services Salar

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: 8/12 Rpt: 11/16	Torres-Stahl, Catherine (The Honorable) 00057418
4	Date	5 Payee name
	04/15/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/15/2025	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 Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/16/2025	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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related 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: 9/12 Rpt: 12/16	Torres-Stahl, Catherine (The Honorable) 00057418
_		
4	Date	5 Payee name
	04/30/2025	Pan American League
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	PO Box 681435
		San Antonio, TX 78268
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Table Sponsorship
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Dougo name
	04/23/2025	Payee name
		Rey Feo Consejo Educational Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$443.95	4242 Woodcock Dr
		Ste 260
		San Antonio, TX 78228
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rey Feo event tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/26/2025	St Mary Magdalen
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1710 Clower St
	φ300.00	1710 Clower St
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Youth Ministry Steubenville
	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
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 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: 10/12 Rpt: 13/16	2 FILER NAME Torres-Stahl, Catherine (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057418
4	Date 06/17/2025	5 Payee name State Bar of Texas
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1414 Colorado St. Austin, TX 78701
8	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 Judicial Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Texas Association of Specialty Courts
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 816 17th St Huntsville, TX 77340
	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 Membership Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/13/2025	Payee name Texas Center for The Judiciary
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 1210 San Antonio Ste 800 Austin, TX 78701
	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 Continuing Legal Education
	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 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: 11/12 Rpt: 14/16	Torres-Stahl, Catherine (The Honorable) 00057418						
4	Date	5 Payee name						
	06/04/2025	Texas Center for The Judiciary						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$350.00	1210 San Antonio						
		Ste 800						
		Austin, TX 78701						
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.						
		Conference Registration						
		Conference Registration						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
۱	expenditure to benefit C/O							
	Date	Payee name						
	06/30/2025	WIX.com						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$623.52	P.O. Box 40190						
		San Francisco, CA 94140						
	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						
		Web hosting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
L	03/10/2025	Walmart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$54.09	24403 IH 10 West						
		San Antonio, TX 78255						
	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 Office Supplies - printer paper						
		Office Supplies - printer paper						
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Printing Salaries	Expense Expense SWages/Contract Labor complete this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	ΛΕ			3	iler ID	(Ethics Commission Filers)		
	Sch: 12/12 Rpt: 15/16	Torres-Sta	ahl, Catherine (The F	Honorable)		- (00057418			
4	Date	5 Payee nam	e							
	04/18/2025	Zoom Vide	eo Communications,	Inc						
6	Amount (\$)	7 Payee addı	ress; City;	State; Zip C	Code					
	\$170.70	55 Almade	en Blvd							
		6th Floor								
		San Jose,	CA 95113							
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b) Description					
	OF EXPENDITURE		erhead/Rental Expense				vel outside of Texas. Complete Schedule T.			
	EXI ENDITORE				_		fficeholder living	expense		
					Internet se	rvices				
9	Complete ONLY if direct		Office he	ald.						
9	expenditure to benefit C/O		fficeholder name	Office so	Jugiit		Office fie	eru.		

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: 1/1 Rpt: 16/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Torres-Stahl, Catherine (The Honorable) 00057418 5 Name of person from whom amount is received 8 Amount (\$) Date 03/06/2025 \$75.00 Texas Center for the Judiciary 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received X Check if political contribution returned to filer Fee Cancellation