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 57 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tina C. NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX Torres** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Pete A. NAME NICKNAME LAST **SUFFIX Torres CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 779-2174 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 407 Bexar District Judge District 407

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 57

13 C / OH NAME	Torres, Tina C. (The	Honorable)	14 Filer ID 00065592	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
46 CONTRIBUTION	1 TOTAL INITEM	IZED DOLITICAL CONTRIBUTIONS (OTLED THAN	U DI EDOFO I OANO	
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 57,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	<u>5)</u>	\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,202.50
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 82,591.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalty true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Tina C. Torre	s
		Signature of	Candidate or Officeho	der
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 57
18 FILE	R NAN	1E	19 Filer ID	(Eth	ics Commission Filers)
Torr	res, Tii	na C. (The Honorable)	00065592		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	57,250.00
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	5	\$	8,202.50
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	\$	1,356.10
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	113.95

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/28 Rpt: 4/57
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 02/04/2025	 5 Full name of contributor Adkisson, Tommy (Mr.) 6 Contributor address; City; S 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78223				
8		Principal Occupation 9 Contributor's Job Title				
	Attorney					
10	O Contributor's employer/law firm Law Office of Thomas F. Adkisson			11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	03/05/2025	Aguirre, Alex (Mr.) Contributor address; City; S	State; Zip Code			\$1,000.00
		San Antonio, TX 78231				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Law Firm, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/02/2025	Alvarado, Hilario (Mr.)				\$100.00
		Contributor address; City; S San Antobio, TX 78218	state; Zip Code		•	
	Contributor's F	IPrincipal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/28 Rpt: 5/57
2	FILER NAME	C (The Henerable)			3	Filer ID (Ethics Commission Filers)
		ina C. (The Honorable)			L	00065592
4	Date 02/04/2025	5 Full name of contributor Aragon, Marisa (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$200.00
		San Antonio, TX 78229				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Huron Arago	on Law Firm, PLLC				
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/03/2025	Bage, Scott (Mr.) Contributor address; City; S	itate; Zip Code		•	\$2,500.00
		San Antonio, TX 78209				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney / Mo	ediator		Attorney / Mediator		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Scott M. Bag	ge, P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Barkhurst & Hinojosa, P.	_ C.			\$500.00
		Contributor address; City; S San Antonio, TX 78230	itate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuators	-ппстраг Оссираноп		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)	l		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/28 Rpt: 6/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Bergmann, William (Mr.)6 Contributor address; City; S			7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78238				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
	Bergmann L	aw Firm, PLLC				
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Bernal, Patrick (Mr.) Contributor address; City; S San Antonio, TX 78230	State; Zip Code			\$250.00
	0			Contaile de de Tale Tide		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		Of any
		employer/law firm arro Rodriguez Bernal Santee	2 Zoch D.C	Law firm of contributor's sp	ous	se (II any)
_		s a child, law firm of parent(s) (if				
	ii contributor is	s a criliu, law lilili of pareril(s) (ii	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	02/04/2025	Black, Michael (Mr.)				\$1,000.00
		Contributor address; City; S San Antonio, TX 78209	State; Zip Code			
L	Contributor's	Principal Occupation		Contributor's Job Title	1	
	Attorney	-ппстрат Оссирацип		Attorney		
_		employer/law firm		Law firm of contributor's sp		co (if any)
	Burns & Blac			Law littl of contributors sp	Jous	se (II ally)
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	Total pages Schedule A(J)1: Sch: 4/28 Rpt: 7/57
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 02/04/2025			7	Amount of Contribution (\$) \$1,000.00	
		San Antonio, TX 78204				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/04/2025	Brown, Maggie (Ms.) Contributor address; City; \$	—			\$2,500.00
		San Antonio, TX 78205		1		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		<i>(t)</i>
		employer/law firm		Law firm of contributor's sp	oous	se (IT any)
		hens Schultz, LLP				
	if contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Brown, Olga (Ms.)	_			\$200.00
		Contributor address; City; S	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	inicipal Cocupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Olga Brown		·		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/28 Rpt: 8/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Brzozowski, Bart (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78216				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Law Office o	f Bart Brzozowski				
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/05/2025	Butler, Ashley (Ms.) Contributor address; City;	State; Zip Code		-	\$500.00
		San Antonio, TX 78230		T		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp		se (if any)
		Butler, PLLC		Calfas Law Group, PLL	C	
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Caballero, Eva (Ms.)				\$100.00
		Contributor address; City; San Antonio, TX 78278	State; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 6/28 Rpt: 9/57	
2	FILER NAME	C (The Hangrahle)			3	Filer ID (Ethics Commission Fi 00065592	lers)
Ļ	Date	C. (The Honorable) 5 Full name of contributor	out-of-state PAC (ID#:		╄		
4	02/28/2025 Canales Law & ADR 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$	3150.00	
		San Antonio, TX 78259					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	02/28/2025	Canales, David (Judge) Contributor address; City;	<u> </u>			\$	3100.00
		San Antonio, TX 78259					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Mediator			Mediator			
		employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Canales Lav						
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/04/2025	Cisneros, Oscar (Mr.)	_			\$	100.00
		Contributor address; City;	State; Zip Code				
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Law Office o	f Oscar E. Cisneros					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 7/28 Rpt: 10/57	
2	FILER NAME	C. (The Honorable)			1	Filer ID (Ethics Commission F 00065592	-ilers)
4	Date 02/04/2025	Full name of contributor Davis, Cedillo & Mendoz Contributor address; City;				Amount of Contribution (\$)	2,500.00
		San Antonio, TX 78212					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse	(if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i>P</i>	Amount of Contribution (\$)	
	01/29/2025	Diaz, Reynaldo (Mr.) Contributor address; City;	<u> </u>				1,000.00
		San Antonio, TX 78212		T			
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney		<i>(</i> (,)	
		employer/law firm az Accident Injury Attorney F	oc.	Law firm of contributor's sp	ouse	(II any)	
	if contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
	01/22/2025	ElHabr, Teresa (Ms.)	_				\$50.00
		Contributor address; City; San Antonio, TX 78201	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Retired	molpai Goodpation		Retired			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	N/A	•		·		,	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/28 Rpt: 11/57
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)		00065592
4	Date	5 Full name of contributor uut-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	01/30/2025	Escareno, Louis (Mr.)		\$100.00
		6 Contributor address; City; State; Zip Code		
		San Antonio, TX 78207		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Louis R. Esc	careno, P.C.		
12	If contributor i	is a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor	#:)	Amount of Contribution (\$)
	02/04/2025	Escobar, Manuel (Mr.)		\$1,000.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		San Antonio, TX 78225		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Law Office of	of Manuel G. Escobar, Jr.		
	If contributor	s a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	02/07/2025	Espey, Richard (Mr.)		\$500.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78216		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Espey & Ass	sociates PC		
	If contributor	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/28 Rpt: 12/57
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 02/04/2025	Full name of contributor Espinoza & Brock, PLLC Contributor address; City; S			7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78216				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/04/2025	Felix Gonzalez Law Firn Contributor address; City;	n, P.C.			\$1,000.00
		San Antonio, TX 78215				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/26/2025	Flores, Jr., G.A. (Mr.) Contributor address; City; San Antonio, TX 78215	State; Zip Code			\$300.00
	Contributorio			Contributorio Joh Titlo	<u> </u>	
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	f G.A. Flores				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/28 Rpt: 13/57	=
2	FILER NAME	C (The Hanarahla)			3	Filer ID (Ethics Commission Filers)	
_		C. (The Honorable) 5 Full name of contributor			ļ_	00065592	
4	Date 02/04/2025	Friday, Delisi (Ms.) 6 Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.0	10
		Boerne, TX 78006					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			_
	Marketing			CEO			
10				11 Law firm of contributor's sp	oous	e (if any)	_
40	First Call Fri		: A				_
12	IT CONTRIBUTOR IS	s a child, law firm of parent(s) (i	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	02/03/2025	Gamez, Carmen (Mrs.)				\$5,000.0	00
		Contributor address; City; San Antonio, TX 78230	State; Zip Code				
	Contributor's I	<u>I</u> Principal Occupation		Contributor's Job Title	<u> </u>		_
	CFO			CFO			
-	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	_
	Gamez Law			Joe Gamez			
	If contributor is	s a child, law firm of parent(s) (if	any)	l			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	02/04/2025	Garcia, Carlo (Mr.)				\$1,500.0	0
		Contributor address; City; San Antonio, TX 78216	State; Zip Code				
_	Contributor's I	Principal Occupation		Contributor's Job Title			_
	Attorney	-Tiricipal Occupation		Attorney			
		employer/law firm		Law firm of contributor's sp	oous	e (if anv)	_
		Sarcia & Curiel, PLLC				- (7/	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/28 Rpt: 14/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Garcia, Lawrence (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78209				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title		
	Attorney	, ,		Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		arcia & Associates, P.C.				
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/26/2025	Garza, P. Mae (Ms.) Contributor address; City;	State; Zip Code			\$500.00
		San Antonio, TX 78229		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		sociates, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Garza, Richard (Mr.)	<u> </u>			\$500.00
		Contributor address; City; San Antonio, TX 78232	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired	•				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 12/28 Rpt: 15/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Gibson, Gary (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$200.00
		San Antonio, TX 78209				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Carabin Sha			· ·		
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Gonzales, John (Mr.) Contributor address; City; \$	State; Zip Code			\$500.00
	0	San Antonio, TX 78230		I a		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		les & Associates				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	01/22/2025	Gonzalez, Charlie (Mr.)				\$200.00
		Contributor address; City; S San Antonio, TX 78205	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ogletree De					
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/28 Rpt: 16/57
2	FILER NAME	C (The Henerable)			1	Filer ID (Ethics Commission Filers)
4	Date	C. (The Honorable) 5 Full name of contributor	out-of-state PAC (ID#:)		00065592 Amount of Contribution (\$)
	02/04/2025	Guerra LLP 6 Contributor address; City;	State; Zip Code			\$5,000.00
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/22/2025 Guerrero, Monica (Ms.) Contributor address; City; State; Zip Code				\$500.00	
		San Antonio, TX 78209				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm of Monica E. Guerrero		Law firm of contributor's sp	oouse	e (if any)
_			· anu)			
	ii contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Hall, Tom (Mr.)				\$250.00
Contributor address; City; State; Zip Cod San Antonio, TX 78205		State; Zip Code				
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	The Law Off	ice of Thomas C. Hall, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 14/28 Rpt: 17/57
2	FILER NAME Torres, Tina	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 02/11/2025	5 Full name of contributor Hernandez, Claudia (Ms.) 6 Contributor address; City; Stat	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78232				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Chesney Curtright & Armendariz	z LLP	11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if an	у)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	01/22/2025	Herrera, Jorge (Mr.) Contributor address; City; Stat	te; Zip Code		•	\$2,500.00
		San Antonio, TX 78207				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	The Herrera					
	If contributor is	s a child, law firm of parent(s) (if an	у)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	02/04/2025	Hessbrook, Anna (Ms.)	_			\$250.00
		Contributor address; City; Stat San Antonio, TX 78229	te; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Office o	f Ana Hessbrook (Ramirez)				
	If contributor is	s a child, law firm of parent(s) (if an	у)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 15/28 Rpt: 18/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Hill, Justin (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78216				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
		n Accident and Injury Lawyers	5			
12	If contributor is	s a child, law firm of parent(s) (if	any)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/22/2025	Lang, Sylvan (Mr.) Contributor address; City; S	itate; Zip Code			\$250.00
		San Antonio, TX 78230				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Lang Law Fi	rm				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/23/2025	Langley & Banack, Inc.				\$1,000.00
		Contributor address; City; S San Antonio, TX 78212	itate; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
	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)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		es Schedule A(J)1 28 Rpt: 19/57	:
2	FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Torres, Tina	C. (The Honorable)				0006559	2	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount o	f Contribution (\$)	
	02/04/2025	Law Office of Diane Mar						\$250.00
		6 Contributor address; City;						
		San Antonio, TX 78210						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if	f any)					
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	T	Amount o	f Contribution (\$)	
	02/04/2025	Law Office of Lawrence	—			Amount o	r Contribution (Φ)	\$500.00
	02,0 .,2020	Contributor address; City;						+555.55
	Contributor's	San Antonio, TX 78201 Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if	f any)	<u> </u>				
-	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	f Contribution (\$)	
	02/04/2025	Law Offices of Rudy Vas	—				. ,	\$200.00
		Contributor address; City;	State; Zip Code					
		, ,,	, , , , , , , , , , , , , , , , , , , ,					
		San Antonio, TX 78204						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if	f any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 17/28 Rpt: 20/57			
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592			
4	Date 02/04/2025	Full name of contributor Law Offices of Thomas I Contributor address; City; S			7	Amount of Contribution (\$) \$500.00			
		San Antonio, TX 78215							
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)			
	02/04/2025	Lisa Duke Law PLLC Contributor address; City;	<u> </u>			\$100.00			
		San Antonio, TX 78218							
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
02/06/2025 Longoria, Freddie (Mr.) Contributor address; City; State; Zip Code		State; Zip Code			\$250.00				
	0	San Antonio, TX 78205		Contaile de de Tele Tide					
	Attorney	Principal Occupation		Contributor's Job Title Attorney					
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)			
	A. Federico	Longoria III PC							
	If contributor is	s a child, law firm of parent(s) (if	any)						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/28 Rpt: 21/57
2	FILER NAME	C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00065592
4	Date 02/07/2025	Full name of contributor Lyons, Sean (Mr.) Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78205				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Attorney		
10	Contributor's 6 Lyons & Lyo	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	: any)			
12	. II CONTINUATOR I	s a criliu, law litti or pareril(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/17/2025 Maloney, Janice (Ms.) Contributor address; City; State; Zip Code				\$2,500.00	
	Contributor's I	San Antonio, TX 78212 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
		of Janice Maloney		· ·		
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/04/2025	Mares, Jorge (Mr.)	_			\$1,000.00
		Contributor address; City; San Antonio, TX 78212	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai Goddpallon		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Mares Law,	PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1	L
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 19/28 Rpt: 22/57	
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)			L	00065592	
4	Date 02/05/2025	5 Full name of contributor Martinez, Abel (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$250).00
		San Antonio, TX 78213					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	_		
	Government	al Affairs / Public Relations		Group VP Partner Relat	tion	s & Government Affairs	
10		employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
	HEB						
12	2 If contributor is	s a child, law firm of parent(s) (if a	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/04/2025 Martinez, Elena (Ms.) Contributor address; City; State; Zip Code			•	\$150	0.00	
		San Antonio, TX 78216					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Espey & Ass	sociates PC					
	If contributor is	s a child, law firm of parent(s) (if a	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	02/04/2025	Mireles, Margaret (Mrs.)	<u> </u>			\$100	0.00
ļ		Contributor address; City; St			•		
	0	San Antonio, TX 78201		I 0 12 1 1 1 7 7 7			
	Retired	Principal Occupation		Contributor's Job Title Retired			
-		employer/law firm		Law firm of contributor's sp	OUS	se (if any)	
	N/A	Simple yelliam iiiii		Eaw mm or contributor 5 op	, ou	oc (ii diiy)	
	If contributor is	s a child, law firm of parent(s) (if a	ny)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 20/28 Rpt: 23/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/25/2025	5 Full name of contributor Monnig, James (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		San Antonio, TX 78205				
8	Contributor's I	rincipal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		f James E. Monnig				
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	01/22/2025 Moschner, Barbara (Ms.) Contributor address; City; State; Zip Code				\$250.00	
		San Antonio, TX 78216				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	03/05/2025	Ortiz, Miguel (Mr.)				\$750.00
Contributor address; City;		Contributor address; City; S San Antonio, TX 78216	itate; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ortiz Law Of	fices, P.C.				
	If contributor is	s a child, law firm of parent(s) (if	any)	I		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 21/28 Rpt: 24/57
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Torres, Tina	C. (The Honorable)				00065592
4	Date 02/04/2025	5 Full name of contributor Perez, Roger (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		San Antonio, TX 78205				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
	Law Office o	f Roger A. Perez				
12	! If contributor i	s a child, law firm of parent(s) (i	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/02/2025	Philbin, Don (Mr.) Contributor address; City;	State; Zip Code			\$100.00
		San Antonio, TX 78212				
		Principal Occupation		Contributor's Job Title		
	Attorney / M	ediator		Attorney / Mediator		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Donald R. P	hilbin, Jr., P.C.				
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/04/2025	Pytel Jr., Jack (Mr.)	_			\$200.00
Contributor address; City; St San Antonio, TX 78212		State; Zip Code				
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	N/A	•				, ,,
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	I	otal pages Schedule A(J)1 ch: 22/28 Rpt: 25/57	:
2	FILER NAME	C. (The Honorable)			I	er ID (Ethics Commissi 0065592	on Filers)
4	Date 02/03/2025	Full name of contributor R.L. Wilson Law Firm Contributor address; City;	out-of-state PAC (ID#:_			nount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78232					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (i	f any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	l An	nount of Contribution (\$)	
	02/04/2025 Ramos & Del Cueto, PLLC Contributor address; City; State; Zip Code						\$1,000.00
		San Antonio, TX 78210		T			
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (i	f any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	l			
	Date	Full name of contributor	out-of-state PAC (ID#:)	An	nount of Contribution (\$)	
	02/04/2025 Reddy, Krishna (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78231					\$750.00	
-	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	тторы Сосиралот		Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (i	f any)	
	Merritz Redo	ly, PLLC					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 23/28 Rpt: 26/57		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Torres, Tina	C. (The Honorable)				00065592		
4	4 Date 02/05/2025 S Full name of contributor out-of-state PAC (ID#:) Reyna, Adelfa (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00				
		San Antonio, TX 78213						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_			
	Retired Retired							
10	Contributor's employer/law firm 11 Law firm of contributor's s				oous	se (if any)		
	N/A							
12	! If contributor i	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)		
02/10/2025 Rodriguez, Clarissa (Ms.) Contributor address; City; State; Zip Code				\$200.00				
		San Antonio, TX 78212						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's sp	oous	se (if any)		
		arro Rodriguez Bernal Santee						
	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	01/29/2025	Ruiz, Freddy (Mr.)	_			\$500.00		
Contributor address; City; State; Zip Code		•						
_	Contributor's I	San Antonio, TX 78230 Principal Occupation		Contributor's Job Title				
	Attorney	-ппстрат Оссиралоп		Attorney				
_		employer/law firm		Law firm of contributor's sp	2011	co (if any)		
		f Freddy B. Ruiz, P.C.		Law IIIII of Continuator's Sp	Jou	se (II ally)		
		s a child, law firm of parent(s) (if a	any)	<u> </u>				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 24/28 Rpt: 27/57	
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Torres, Tina	rres, Tina C. (The Honorable)				00065592	
4	4 Date 02/04/2025 5 Full name of contributor out-of-state PAC (ID#:) Salinas, George (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00			
		San Antonio, TX 78201					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_		
	Attorney	Attorney					
10	Contributor's	Contributor's employer/law firm 11 Law firm of contributor's s				se (if any)	
	George Salir	nas Injury Lawyers					
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/04/2025 Sandoval, Gina (Ms.) Contributor address; City; State; Zip Code		•	\$100.00				
		San Antonio, TX 78249		T			
		Principal Occupation		Contributor's Job Title			
	IT Systems /			IT Systems Analyst			
	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)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2025	Saucedo, Judith (Mrs.)	_			\$50.00	
Contributor address; City; State; Zip Code San Antonio, TX 78230		•					
	Contributor's F	rincipal Occupation		Contributor's Job Title	_		
	Retired			Retired			
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	N/A	•		·			
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 25/28 Rpt: 28/57	
2	FILER NAME	C (The Hangrahle)			3	Filer ID (Ethics Commission Filers) 00065592	
4	Date	C. (The Honorable) 5 Full name of contributor	out-of-state PAC (ID#:	,	ļ_		
4	01/22/2025 Saucedo, Norma Jean (Ms.) 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00			
		San Antonio, TX 78239					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Retired Retired						
10	Contributor's employer/law firm 11 Law firm of contributor's s N/A				oous	e (if any)	
12		s a child, law firm of parent(s) (if	anv)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/04/2025	Sciano, Daniel (Mr.)	—			\$2,500.00	
		Contributor address; City; S San Antonio, TX 78216	Sidie, Zip Coue				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Tinsman & S	Sciano, Inc.					
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	02/04/2025	Segovia, Herman (Mr.)				\$100.00	
Contributor address; City; State; Zip Code							
	Cambuilaritarila	San Antonio, TX 78201		Constributoulo Joh Title			
	Attorney	Principal Occupation		Contributor's Job Title Attorney			
_		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)	
		of Herman H. Segovia		Law min or contributor 5 of	Jouc	o (ii diiy)	
		s a child, law firm of parent(s) (if	any)	1			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 26/28 Rpt: 29/57		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Torres, Tina	C. (The Honorable)				00065592		
4	4 Date 01/26/2025 5 Full name of contributor out-of-state PAC (ID#:) Sifuentes, Herlinda 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00				
		San Antonio, TX 78223						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_			
	Non-profit op	Non-profit operations Operations Operations						
10	Contributor's employer/law firm 11 Law firm of contributor's s				ous	se (if any)		
	HISPA							
12	! If contributor is	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
02/10/2025 Snell, Clay (Mr.) Contributor address; City; State; Zip Code				\$500.00				
	San Antonio, TX 78205							
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Bayne, Snel	and Krause						
	If contributor is	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	02/04/2025	Taylor, Paul (Mr.)				\$250.00		
Contributor address; City; State; Zip Code San Antonio, TX 78216								
\vdash	Contributor's F	IPrincipal Occupation		Contributor's Job Title				
	Attorney & N			Attorney & Mediator				
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	Paul Taylor,	Attorney & Mediator						
	If contributor is	s a child, law firm of parent(s) (if	any)	•				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 27/28 Rpt: 30/57		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Torres, Tina	C. (The Honorable)				00065592		
4	4 Date 02/04/2025 5 Full name of contributor out-of-state PAC (ID#:) Teneyuca, Sharyll (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00				
		San Antonio, TX 78201						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Attorney	Attorney Attorney						
10	Contributor's employer/law firm 11 Law firm of contributor's s				oous	se (if any)		
		ice of Sharyll S. Teneyuca						
12	If contributor is	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
02/04/2025 Tuckler, Jorge (Mr.) Contributor address; City; State; Zip Code				\$500.00				
		San Antonio, TX 78259		T				
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm 		Law firm of contributor's sp	oous	se (if any)		
	Davis Law F							
	If contributor is	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	02/04/2025	Vale, Theresa (Mrs.)				\$100.00		
		Contributor address; City; San Antonio, TX 78228	State; Zip Code		•			
	Contributor's F	Principal Occupation		Contributor's Job Title	_			
	Retired			Retired				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	N/A							
	If contributor is	s a child, law firm of parent(s) (if	any)	1				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 28/28 Rpt: 31/57			
2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Torres, Tina	C. (The Honorable)				00065592			
4	4 Date 01/28/2025 5 Full name of contributor out-of-state PAC (ID#:) Vance, Lisa (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00					
		San Antonio, TX 78217							
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_				
	Attorney	rney Attorney							
10	Contributor's	Contributor's employer/law firm 11 Law firm of contributor's				se (if any)			
	The Law Off	ice of Lisa A. Vance, P.C.							
12	! If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)			
	01/22/2025 Villarreal, Alejandra (Ms.) Contributor address; City; State; Zip Code				\$100.00				
		San Antonio, TX 78230		T					
		Principal Occupation		Contributor's Job Title					
		surance Services		Attorney / Insurance Se					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	Self-employe								
	If contributor is	s a child, law firm of parent(s) (if	any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	02/18/2025	White, Sylvia (Ms.)	_			\$150.00			
Contributor address; City; State; Zip Code San Antonio, TX 78232		•							
	Contributor's F	rincipal Occupation		Contributor's Job Title	_				
	Retired			Retired					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)			
	N/A	•							
	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
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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/22 Rpt: 32/57	Torres, Tina C. (The Honorable) 00065592	
4	Date	5 Payee name	_
l	02/10/2025	ActBlue, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$250.00	P.O. Box 441146	
		Somerville, ME 02144	
8	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 Super Bowl party sponsorship	
l		Super Bowl party Sponsorship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Date	Payee name	=
l	02/04/2025	Cohn, Annakaren (Ms.)	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$150.00	1201 Texas Oaks	
l	¥200.00		
l		Spring Branch, TX 78070	
┝	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Work at reception table during February 2025 fundraiser	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	•		_
	Date	Payee name	
L	01/09/2025	Constant Contact	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.01	1601 Trapelo Rd.	
l			
		Waltham, MA 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.	
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Marketing platform for campaign 3-mails	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 2/22 Rpt: 33/57	Torres, Tina C. (The Honorable)	00065592
4	Date	5 Payee name	
	02/10/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.01	1601 Trapelo Rd.	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	, TX, officeholder living expense
		Marketing pla	atform for campaign 3-mails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
_	expenditure to benefit C/O		Office field
	Date	Payee name	
	03/10/2025	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	outside of Toyon, Complete Schoolide T
	EXPENDITURE	7 Advertising Expense	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
			atform for campaign e-mails
L			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/09/2025	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	outside of Tours Committee Calculate
	EXPENDITURE	/ Navertising Expense	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
			atform for campaign e-mails
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

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

1 Total pages Schedule F1: 2 FILER NAME Torres, Tina C, (The Honorable) 3 Filer ID (Ethics Commission Files) 00005592 4 Date 5 Pages name Constant Contact		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.
Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit complete Schedule in the perific schedu		Sch: 3/22 Rpt: 34/57	Torres, Tina C. (The Honorable) 00065592
Amount (S)	4	Date	5 Payee name
\$81.01 1601 Trapelo Rd. Waltham, MA 02451 8 PURPOSE OF EXPENDITURE (a) Category (see casegories lissed at the top of this schedule) Advertising Expense (b) Description Check it raved unuside of Treas. Complete Schedule T. Check it Auslin, TX. officeholder in this schedule) Payee name O6/09/2025 Constant Contact Amount (s) Payee address; City; State; Zip Code \$90.61 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (see casegories listed at the top of this schedule) Advertising Expense (b) Description Check it raved outside of Treas. Complete Schedule T. Check it raved outside of Treas. Complete Schedule T. Check it Auslin, TX. officeholder from expense Marketing platform for campaign e-mails Complete ONLY if direct expenditure to benefit C/OH Payee name Friday, Delisi (Ms.) Amount (s) Payee name Friday, Delisi (Ms.) PurpoSE OF State; Zip Code \$1,000.00 Advertising Expense (b) Description Check it raved outside of Treas. Complete Schedule T. Check it auslin, TX. officeholder from expense Marketing platform for campaign e-mails (b) Description Check it auslin, TX. officeholder from expense Marketing platform for campaign e-mails Complete ONLY if direct Advertising Expense (b) Description Check it auslin, TX. officeholder from expense Advertising Expense (c) Code (Code		05/09/2025	Constant Contact
Waitham, MA 02451 (a) Category Gee-Categories listed at the top of this schedule) (b) Description Candidate/Officeholder name Office sought Office held	6	Amount (\$)	7 Payee address; City; State; Zip Code
B PURPOSE OF EXPENDITURE		\$81.01	1601 Trapelo Rd.
B PURPOSE OF EXPENDITURE			
Advertising Expense			Waltham, MA 02451
## Advertising Expense	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH Date			Advertising Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date			
Date 06/09/2025 Amount (\$) Payee name Constant Contact Amount (\$) Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing platform for campaign e-mails Complete QNLY if direct expenditure to benefit C/OH Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if avuel outside of Te			Marketing platform for eamplinging e-mails
Date 06/09/2025 Amount (\$) Payee name Constant Contact Amount (\$) Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing platform for campaign e-mails Complete QNLY if direct expenditure to benefit C/OH Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if avuel outside of Te	9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Amount (\$) Payee address; City; State; Zip Code ### State: Tip Code #	ľ		
Amount (\$) Payee address; City; State; Zip Code ### State: Tip Code #	-	Date	Pavee name
Amount (\$)			
### Sp0.61 ### Sp			
Waltham, MA 02451 PURPOSE OF EXPENDITURE (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 Marketing platform for campaign e-mails Complete ONLY if direct expenditure to benefit C/OH Date O2/05/2025 Amount (\$) Payee name Friday, Delisi (Ms.) Payee address; City; State; Zip Code 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assistance with campaign marketing		, ,	
PURPOSE OF EXPENDITURE (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 Marketing platform for campaign e-mails Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder living expense Assistance with campaign marketing (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assistance with campaign marketing		φ90.01	1001 Hapelo Ru.
PURPOSE OF EXPENDITURE (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 Marketing platform for campaign e-mails Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder living expense Assistance with campaign marketing (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assistance with campaign marketing			W W MA 00 454
Advertising Expense			Waltnam, MA 02451
Advertising Expense Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/05/2025 Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held			Advertising Expense
Complete ONLY if direct expenditure to benefit C/OH Date			
Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code \$1,000.00 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Date 02/05/2025 Payee name Friday, Delisi (Ms.) Amount (\$) Payee address; City; State; Zip Code 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
D2/05/2025 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Boerne, TX 78006 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
D2/05/2025 Amount (\$) Payee address; City; State; Zip Code 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Pavee name
Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		02/05/2025	
\$1,000.00 27027 Sage Creek Boerne, TX 78006 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	
Boerne, TX 78006 PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		` '	
PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Ψ1,000.00	27027 Juge Oreck
PURPOSE OF EXPENDITURE (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 Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Boerne, TX 78006
OF EXPENDITURE Advertising Expense Advertising Expense Check if Austin, TX, officeholder living expense Assistance with campaign marketing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		PURPOSE	I
Complete ONLY if direct Candidate/Officeholder name Check if Austin, TX, officeholder living expense Assistance with campaign marketing Office sought Office held		OF	, <u> </u>
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	
			Assistance with campaign marketing
experiulture to benefit C/Off			
		experiorare to benefit C/OF	7

SCHEDULE F1

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

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

Fees Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printin
Legal Services Salari

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

	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: 4/22 Rpt: 35/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	01/10/2025	Jump Design, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.50	9242 Bingham Drive
	1	
		San Antonio, TX 78230
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
	!	Invitation design for February fundraiser
	1	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/16/2025	Jump Design, LLC
	Amount (\$) \$125.00	
	Φ123.00	9242 Bingham Drive
	1	Con Antonio TV 70220
		San Antonio, TX 78230
	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Design for advertisement in program for American GI
	!	Forum of Texas state convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H
H	Date	Payee name
	02/04/2025	Olack, Diana (Ms.)
-	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1237 McCauley Blvd.
	4100.00	1207 Medicine Siva.
	1	San Antonio, TX 78224
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Work at reception table during February 2025
		fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 5/22 Rpt: 36/57	Torres, Tina C. (The Honorable) 00065592	
4	Date 02/04/2025	5 Payee name Paesano's	
_			_
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 555 E. Basse Road	
	+=,000.00		
		San Antonio, TX 78209	
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 Food and beverage at February 2025 fundraiser	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/27/2025	Pan American League	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	P.O. Box 681435	
		San Antonio, TX 78268	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense	
	LAI ENDITORE	☐ Check if Austin, TX, officeholder living expense Sponsorship of Fiesta Ole Fundraiser	
		Sponsorship of Flesta Ole Fundraiser	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/22/2025	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.80	1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE	(3.5.	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
\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)

Event Expense Loan Repayment/Reimbu

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

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: 6/22 Rpt: 37/57	Torres, Tina C. (The Honorable) 00065592				
4	Date	5 Payee name				
	01/22/2025	Square				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.20	1455 Market Street, Suite 600				
		San Francisco, CA 94103				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Credit card processing fee				
		Ground data processing rec				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O					
\vdash	Date	Payee name				
	01/22/2025	Square				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$6.10	1455 Market Street, Suite 600				
		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Cradit cord processing for				
		Credit card processing fee				
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
_						
	Date	Payee name				
	01/22/2025	Square				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.75	1455 Market Street, Suite 600				
L		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Cradit cord processing for				
		Credit card processing fee				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/22 Rpt: 38/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	01/22/2025	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Croak sara processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	01/22/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.75	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Commission ONU Wife allows	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 8/22 Rpt: 39/57	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592
4	Date 01/22/2025	5 Payee name Square	
6	Amount (\$) \$7.55	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
		San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense processing fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/22/2025	Payee name Square	
	Amount (\$) \$7.55	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense process fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/26/2025	Payee name Square	
	Amount (\$) \$3.20	Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 9/22 Rpt: 40/57	Torres, Tina C. (The Honorable) 00065592			
4	Date	5 Payee name			
	01/28/2025	Square			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$7.55	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
		Ground dard processing too			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	Date	Payee name			
	01/29/2025	Square			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$14.80	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	'				
	Date	Payee name			
	01/29/2025	Square			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.30	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
		Greate data processing too			
	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 Contributions/ Officeholder/Political Committee

Event Expense
Fees
Food/Beverage E
Gift/Awards/Mem
Gift/Awards/Mem

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/22 Rpt: 41/57	Torres, Tina C. (The Honorable) 00065592			
4	Date	5 Payee name			
	01/30/2025	Square			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.20	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Credit card processing fee			
		Croult data processing fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
	Date	Payee name			
	02/02/2025	Square			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.20	1455 Market Street, Suite 600			
	Ψ0.20	1400 Market Officet, Oaks 000			
		San Francisco, CA 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Credit card processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	02/02/2025	Square			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.20	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	-	Credit pard processing for			
		Credit card processing fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:	2 EILER NAME	3 Filer ID (Ethics Commission Filers)
ľ	Sch: 11/22 Rpt: 42/57	Torres, Tina C. (The Honorable)	00065592
4	Date 02/03/2025	5 Payee name Square	
6	Amount (\$) \$145.30	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	1 000	outside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
f	Date	Payee name	
	02/03/2025	Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.30	1455 Market Street, Suite 600	
	PURPOSE	San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/03/2025	Payee name Square	
	Amount (\$) \$72.80	Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	1003	outside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee
	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 -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter 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 Filer				
	Sch: 12/22 Rpt: 43/57	Torres, Tina C. (The Honorable) 00065592				
4	Date	5 Payee name				
	02/04/2025	Square				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$6.10	1455 Market Street, Suite 600				
		San Francisco, CA 94103				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	_/	Credit eard processing foe				
		Credit card processing fee				
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/04/2025	Square				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.20	1455 Market Street, Suite 600				
		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Credit card processing fee				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	02/04/2025	Square				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.80	1455 Market Street, Suite 600				
		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Credit card processing fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Comm	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 13/22 Rpt: 44/57	Т	orres, Tina C. (The Honorable)				00065592	
4	Date	5 P	ayee name					
	02/04/2025		quare					
6	Amount (\$) \$3.20	1	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103					
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 Credit card processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ndidate/Officeholder name C	Office sough	t		Office he	ld
	Date	Р	ayee name					
	02/04/2025	S	quare					
	Amount (\$) Payee address; City; State; Zip Code							
	\$4.65	5 1455 Market Street, Suite 600 San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sch	edule) (b		, TX,	de of Texas. Comp officeholder living essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ndidate/Officeholder name C	Office sough	t		Office he	ld
	Date	P	ayee name					
	02/04/2025	S	quare					
	Amount (\$) \$72.80		ayee address; City; State; 455 Market Street, Suite 600	Zip Code				
		s	an Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sch	edule) (b		, TX,	de of Texas. Comp officeholder living essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ndidate/Officeholder name C	Office sough	t		Office he	ld

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 com	ple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
l	Sch: 14/22 Rpt: 45/57	Torres, Tina C. (The Honorable)		00065592		
4	Date	5 Payee name		'		
l	02/04/2025	Square				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	\$43.80	1455 Market Street, Suite 600				
l						
l		San Francisco, CA 94103				
8	PURPOSE		b)	Description		
	OF	Fees	,	Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE			Check if Austin, TX, officeholder living expense		
l				Credit card processing fee		
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held		
┕						
l	Date	Payee name				
L	02/04/2025	Square				
l	Amount (\$)	Payee address; City; State; Zip Cod	le			
l	\$29.30	1455 Market Street, Suite 600				
l						
		San Francisco, CA 94103				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.		
l				Credit card processing fee		
				or our dark processing roo		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
l	expenditure to benefit C/OH					
H	Date	Payee name				
l	02/04/2025	Square				
┝	Amount (\$)	Payee address; City; State; Zip Cod	ما			
l	\$7.55	1455 Market Street, Suite 600	ic			
l	Ψ1.00	1400 Market Offeet, Outle 000				
l		San Francisco, CA 94103				
┡	PURPOSE	/	'L-\			
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(U)	Description Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	F665		Check if Austin, TX, officeholder living expense		
l				Credit card processing fee		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
L	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	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: 15/22 Rpt: 46/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	02/04/2025	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit data processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/04/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date 02/04/2025	Payee name
		Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit data processing rec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
\vdash		

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	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: 16/22 Rpt: 47/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	02/04/2025	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Ground can a processing rea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/04/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Crossit data processing to
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	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 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	compl	ete this form.	
1 Total pages Schedule	F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 17/22 Rpt: 48	3/57	Torres, Tina C. (The Honorable)		00065592	
4 Date		5 Payee name			
02/05/2025		Square			
6 Amount (\$)		7 Payee address; City; State; Zip	Code		
\$7	7.55	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Credit card processing fee	
				Credit card processing fee	
9 Complete ONLY if dire	act	Candidate/Officeholder name Office	sought	Office held	
expenditure to benefit			sougni	Office field	
Dete	1				
Date		Payee name			
02/06/2025		Square			
Amount (\$)		Payee address; City; State; Zip	Code		
\$7	7.55	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.	
				Credit cord processing for	
				Credit card processing fee	
Complete ONLY if dire	oct	Candidate/Officeholder name Office	sought	Office held	
expenditure to benefit			Sougrit	Office field	
Date		Payee name			
02/07/2025		Square			
Amount (\$)		Payee address; City; State; Zip	Code		
\$14	1.80	1455 Market Street, Suite 600			
		San Francisco, CA 94103			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.	
LXI LIVOITORE				Check if Austin, TX, officeholder living expense	
				Credit card processing fee	
Complete ONLY if dis-	oot	Candidata/Officeholder name	concept	Office hold	
Complete ONLY if dire expenditure to benefit			sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 18/22 Rpt: 49/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	02/07/2025	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Orean early processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Description
		Payee name
	02/10/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.10	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
-	Data	
	Date	Payee name
	02/10/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing ree
	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 Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 19/22 Rpt: 50/57	Torres, Tina C. (The Honorable) 00065592
4	Date	5 Payee name
	02/11/2025	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	1455 Market Street, Suite 600
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
		Croak data processing too
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/17/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fee
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.65	1455 Market Street, Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
\vdash	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/22 Rpt: 51/57 Torres, Tina C. (The Honorable) 00065592 4 Date Payee name 02/26/2025 Square 6 Amount (\$) Payee address; City; State; Zip Code \$14.80 1455 Market Street, Suite 600 San Francisco, CA 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Square Amount (\$) Payee address; City; State; Zip Code \$14.80 1455 Market Street, Suite 600 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Square Amount (\$) Payee address; City: State; Zip Code \$29.30 1455 Market Street, Suite 600 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 fo	orm.
1	Total pages Schedule F1: Sch: 21/22 Rpt: 52/57	FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592
4	Date 03/05/2025	5 Payee name Square	
6	Amount (\$) \$22.05	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600	
8	PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense card processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/26/2025	Payee name Square	
	Amount (\$) \$3.20	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descrip Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/16/2025	Payee name Tru Branding	
	Amount (\$) \$693.51	Payee address; City; State; Zip Code 10831 Caddo Cavern	
		San Antonio, TX 78254	
	PURPOSE OF EXPENDITURE	Chec	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense District Court mugs for jurors
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees Food/Beverage E: Gift/Awards/Memo Legal Services	kpense orials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	e		Travel in District Travel Out of Dist	quipment & Related Expense trict category not listed above)
	Credit Gard F dyment		The Instructio	n Guide explains h	now to comple	ete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/22 Rpt: 53/57		Torres, Tina C. (The Ho	norable)				00065592	
4	Date	5	Payee name				<u> </u>		
	03/13/2025		Tru Branding						
<u>_</u>	Amount (\$)	7		Ctato:	7in Codo				
ľ		 ′		Siale,	Zip Code				
	\$1,303.28		10831 Caddo Cavern						
l									
			San Antonio, TX 78254						
8	PURPOSE	(a)	Category (See Categories lister	d at the top of this sche	edule) (b)	Description			
	OF EXPENDITURE		Advertising Expense			_		le of Texas. Comp	
	LXI LINDITORL					_		officeholder living	
						407th District	Co	urt Fiesta M	edals
9	Complete ONLY if direct expenditure to benefit C/Ol	_ (Candidate/Officeholder name	e O	office sought			Office he	ld
	experialitate to benefit 6/01								
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l									
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l									

SCHEDULE |

	The Instruction Guide explains how to	complete this form.			
Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Torres, Tina C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065592			
Date 05/26/2025	5 Payee name AGIF of Tejas	•			
Amount (\$) 200.00	7 Payee Address; City; State; Zip 530 Ware San Antonio, TX 78221				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Ad in AGIF of Tejas State Convention program			
Date 03/24/2025	Payee name Gonzalez, Ivalis (Ms.)				
Amount (\$) 500.00	Payee Address; City; State; Zip 8647 Wurzbach Road San Antonio, TX 78240				
PURPOSE OF EXPENDITURE	URPOSE OF (a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Campaign contribution				
Date 04/09/2025	Payee name HEB				
Amount (\$) 104.76	Payee Address; City; State; Zip 18140 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; water			
Date 05/15/2025	Payee name Rise Recovery				
Amount (\$) 273.34	Payee Address; City; State; Zip 2803 Mossrock San Antonio, TX 78230				
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Donation to non-profit at yearly fundraising breakfast			

SCHEDULE |

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I: Sch: 2/2 Rpt:4 Date 02/13/2025	2 FILER NAME Torres, Tina C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065592 5 Payee name Target						
6 Amount (\$) 69.11	7 Payee Address; City; State; Zip 13700 San Pedro Ave. San Antonio, TX 78232						
8 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; water						
Date 05/20/2025	Payee name Target						
Amount (\$) 158.89	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; water						
Date 04/22/2025	Payee name Young Men's Leadership Academy						
Amount (\$) 50.00	Payee Address; City; State; Zip 415 Gabriel San Antonio, TX 78202						
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 for YMLA Class of 2026 Fundraiser						

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

SCHEDULE K

	The Instruction Guide explains how to complete this form					ages Schedule K: /2 Rpt: 56/57			
2	FILER NAME		3	File	er ID	(Ethics Commission Fi	lers)		
	Torres, Tina	Forres, Tina C. (The Honorable)							
4	Date	5 Name of person from whom amount is received				8 Amount (\$)			
	01/22/2025	Frost Bank					\$1.29		
		6 Address of person from whom amount is received; City; State; Zip Code							
		Address of person from whom amount is received, City, State, Zip Code							
		San Antonio, TX 78232							
			olitic	cal d	contri	ibution returned to filer			
		Interest on account							
	Date	Name of person from whom amount is received				Amount (\$)			
	02/21/2025	Frost Bank					\$1.74		
		Address of person from whom amount is received; City; State; Zip Code							
		San Antonio, TX 78232							
			litic	cal (contri	ibution returned to filer			
		Interest on account	JIILIC	cai (JUITUI	ibulion returned to mer			
		interest on decount							
	Date	Name of person from whom amount is received				Amount (\$)			
	03/20/2025	Frost Bank					\$2.50		
		Address of person from whom amount is received; City; State; Zip Code							
		San Antonio, TX 78232							
		Purpose for which amount is received Check if po	olitic	cal d	contri	ibution returned to filer			
		Interest on account							
	Date	Name of parson from whom amount is received			<u> </u>	Amount (\$)			
		Name of person from whom amount is received				Amount (\$)	ቀጋ 60		
	04/18/2025	Frost Bank					\$2.68		
		Address of person from whom amount is received; City; State; Zip Code							
		San Antonio, TX 78232							
			olitic	cal d	contri	ibution returned to filer			
		Interest on account							
	Date	Name of person from whom amount is received				Amount (\$)			
	05/20/2025	Frost Bank				, ,	\$2.93		
		Address of person from whom amount is received; City; State; Zip Code							
		San Antonio, TX 78232							
			. 1			Harriston and the first			
		-	olitic	cal d	contri	ibution returned to filer			
		Interest on account							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 57/57 2 FILER NAME Filer ID (Ethics Commission Filers) Torres, Tina C. (The Honorable) 00065592 8 Amount (\$) Date 5 Name of person from whom amount is received 06/20/2025 Frost Bank \$2.81 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 Amount (\$) Name of person from whom amount is received Date 06/26/2025 Lutz, Zachary (Mr.) \$100.00 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78216 Purpose for which amount is received X Check if political contribution returned to filer Campaign contribution received outside of fundraising period