

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00085198	2 Total pages filed: 8	OFFICE USE ONLY	
3 COMMITTEE NAME Live Oak County Democrats			Date Received ELECTRONICALLY FILED 02/13/2026
4 TREASURER NAME Torres, Lisa M.			Date Hand-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025
Date Imaged			

7 EXPLANATION OF CORRECTION
 Accidentally clicked on dissolution.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Lisa M. Torres

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Live Oak County Democrats	13 Filer ID (Ethics Commission Filers) 00085198
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,180.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,180.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lisa M. Torres
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Live Oak County Democrats		18 Filer ID (Ethics Commission Filers) 00085198
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,180.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/8
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198
4 Date 07/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Laredo, TX 78045	
8 Principal occupation / Job title (See Instructions) Regional Political Director		9 Employer (See Instructions) TDP
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) TDP
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) TDP
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) TDP
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Regional Political Director		Employer (See Instructions) TDP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/8
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Brenda (Miss) 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Regional Political Director		9 Employer (See Instructions) TDP
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race PAC, Contest Every Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race PAC, Contest Every Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions)
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/8
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Three Rivers, TX 78071	
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/8
2 FILER NAME Live Oak County Democrats		3 Filer ID (Ethics Commission Filers) 00085198
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa <hr/> 6 Contributor address; City; State; Zip Code Three Rivers, TX 78071	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) retired
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Malissa <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) retired