

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|--|--|--|------------------------------|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 9 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Paul | | | |
| | NICKNAME LAST SUFFIX Torres | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Bryan, TX 77803 | | | Date Hand-delivered to Date Marked JUL 20 2022 |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Joseph Jody | | | Received |
| | NICKNAME LAST SUFFIX Rodriguez | Date Processed | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3328 Sycamore Trail Bryan, TX 77807 | Date Imaged | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2022 | THROUGH | Month Day Year 06/30/2022 | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/08/2022 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) None | 12 OFFICE SOUGHT (if known) Bryan City Council District SMD 1 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM C/OH
COVER SHEET PG 2

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| | | | |
|--|--|--|-------------|
| 13 C / OH NAME Torres, Paul | | 14 Filer ID | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 16 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,850.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 101.80 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 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.

DocuSigned by:

D2DCB421DF9B418...

Signature of Candidate or Officeholder

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

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

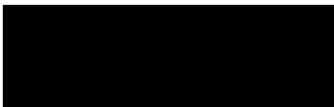
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| | | |
|--|---|------------------------|
| 18 FILER NAME Torres, Paul | | 19 Filer ID |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,850.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 5,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 101.80 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <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: 1/3 Rpt: 4/9 |
| 2 FILER NAME Torres, Paul | | 3 Filer ID |
| 4 Date 06/29/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington, Raymond | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code ██████████ Bryan, TX 77803 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckendorf, Michael | Amount of Contribution (\$) \$400.00 |
| Contributor address; City; State; Zip Code 2509 River Forest Dr. Bryan , TX 77802 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bienski, Jason | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Bryan , TX | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boriskie, Kevin | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code ██████████ Bryan , TX 77802 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/10/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Crissy & Tom | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 4621 Oak Springs Dr Flower Mound, TX 75028 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9 |
| 2 FILER NAME Torres, Paul | | 3 Filer ID |
| 4 Date 06/29/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Joaquin (Mr.) | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 1300 Glade Street College Station, TX 77840 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krolczyk, Abbie | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 741 S Rosemary Dr. Bryan, TX 77802 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin, Reuben | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code  | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Manny | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 415 Graham Rd. College Station, TX 77845 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/30/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Mark (Mr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 3401 Mahogany Drive Bryan, TX 77807 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9 |
| 2 FILER NAME Torres, Paul | | 3 Filer ID |
| 4 Date 06/29/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Fred (Mr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code 109 Sophia Lane College Station, TX 77845 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pineda, Guadalupe | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code 4001 Settlers Way Bryan, TX 77808 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/03/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchey, John (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 207 Arrowhead Drive Lake Jackson, TX 77566 | |
| Principal occupation / Job title (See Instructions) Lab Tech | | Employer (See Instructions) Olin |
| Date 06/29/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shmidt, Ronald (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 835 N. Rosemary Dr Bryan, TX 87802 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Fabian (Mr.) | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code 147 Knipp Road Houston, TX 77024 | |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Casual Dining Inc. |

LOANS**SCHEDULE E**

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 7/9 |
| 2 FILER NAME Torres, Paul | | 3 Filer ID |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 03/01/2022 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Paul (Mr.) | 9 Loan Amount (\$) \$5,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Bryan, TX 77803 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 1/2 Rpt: 8/9 | 2 FILER NAME Torres, Paul | 3 Filer ID |
|--|-------------------------------------|-------------------|

| | |
|-----------------------------|-------------------------------|
| 4 Date 06/29/2022 | 5 Payee name Anedot |
|-----------------------------|-------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) \$6.60 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|--------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Processing Fee |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 05/30/2022 | Payee name Anedot |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$10.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Processing Fee |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 05/10/2022 | Payee name Anedot |
|--------------------|----------------------|

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|------------------------|--|
| Amount (\$) \$20.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Processing Fee |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 2/2 Rpt: 9/9 | 2 FILER NAME Torres, Paul | 3 Filer ID |
|--|-------------------------------------|-------------------|

| | |
|-----------------------------|-------------------------------|
| 4 Date 05/03/2022 | 5 Payee name Anedot |
|-----------------------------|-------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) \$4.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|--------------------------------|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Processing Fee |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 05/02/2022 | Payee name Anedot |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$60.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Processing Fee |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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