**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1. ACCOUNT# (Ethics Commission filers)

2. Total pages filed:

3. OFFICE USE ONLY
   - Date Received: '12 JAN 17 AT 11:43:55
   - Date Hand-delivered or Date Postmarked

4. CANDIDATE / OFFICEHOLDER NAME
   - MS / MRS / MR
   - FIRST: Mr. Vincent
   - MI: M.
   - MIDDLE NAME: Torres
   - LAST:
   - SUFFIX:

5. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
   - ADDRESS (PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE)
   - 6904 Winterberry Dr., Austin, TX 78750

6. CANDIDATE / OFFICEHOLDER PHONE
   - AREA CODE: (512)
   - PHONE NUMBER: 784-0620
   - EXTENSION:

7. CAMPAIGN TREASURER ADDRESS
   - STREET ADDRESS (NO PO BOX PLEASE)
   - APARTMENT / SUITE #, CITY, STATE, ZIP CODE

8. CAMPAIGN TREASURER PHONE
   - AREA CODE:
   - PHONE NUMBER:
   - EXTENSION:

9. REPORT TYPE
   - " January 15
   - 30th day before election
   - Runoff
   - July 15
   - 8th day before election
   - Exceed $500 limit
   - 15th day after campaign treasurer appointment (officeholder only)
   - Final report (Attach C/OH - FR)

10. PERIOD COVERED
    - Month Day Year THROUGH Month Day Year
    - 7 / 1 / 2011 THROUGH 12 / 31 / 2011

11. ELECTION
    - ELECTION DATE
    - ELECTORATE TYPE
    - Primary
    - Runoff
    - General
    - Special

12. OFFICE
    - OFFICE HELD (If any)
    - District 4
    - AISD Board of Trustees

13. OFFICE SOUGHT (If known)
    - 13

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
    - Direct campaign expenditures are campaign expenditures made by others without the candidate’s prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.
    - Name
    - Address / PO Box: Apt. / Suite #: City: State: Zip Code

15. additional pages:

**GO TO PAGE 2**
**CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**NOTICE FROM POLITICAL COMMITTEE(S)**

- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate or officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

**CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED $0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $0

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED $132.00

4. TOTAL POLITICAL EXPENDITURES $132.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $1,739.35

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $

**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.

Signed: Vincent Manuel Torres

Affixed Notary Stamp: Earlynn H. Williams

Signature of Candidate or Officeholder

Notary public: Earlynn H. Williams

Date: July 31, 2012

Printed name of officer administering oath: Earlynn H. Williams

Title of officer administering oath: Notary

Certified: 09/28/2010
### POLITICAL EXPENDITURES

#### SCHEDULE F

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule F:</th>
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<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
<td>Vincent M. Torres</td>
</tr>
<tr>
<td>3</td>
<td>ACCOUNT # (Ethics Commission File)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
<td>12/14/2011</td>
</tr>
<tr>
<td>5</td>
<td>Payee name</td>
<td>US Postal Service</td>
</tr>
<tr>
<td>6</td>
<td>Payee address; City; State; Zip Code</td>
<td>Northcross Station Austin, TX 78757-9998</td>
</tr>
<tr>
<td>7</td>
<td>Amount ($</td>
<td>132.00</td>
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#### Purpose of payment (See Instructions regarding type of information required.)

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<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
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**Postage stamps**

(If travel outside of Texas, complete Schedule T)

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<table>
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**