CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

he C/OH Instruction G	tuide explains how to complete this form.	ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	MI	OFFICE USE	ONLY
	Mr. Vincent NICKNAME LAST Torres	SUFFIX	· · · Date Received	7 aw11:2/
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX; APT / SUITE #; CITY; 6904 Winterberry Dr., Au			
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 784-0620	EXTENSION	Receipt # An	nount
CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST	MI	Date Imaged	
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	#; CITY; STATE;	ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
REPORT TYPE	January 15 30th day before election X July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campa appointment (officehol	der only)
0 PERIOD COVERED	Month Day Year 1 1 2011 THROUG	Month 6/3	Day Year 0 / 2011	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (If any) District 4 AISD Board of Trustees	13 OFFICE SOUGHT (if	f known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name	penditures made by others with a control only if they receive notificat	thout the candidate's prior consider of the direct campaign exp	sent or approval penditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip	Code		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Vi	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / 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.			
COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	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	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 506.46	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 506.46	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1,871.35	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$	
AFFIX NOTARY STAMP		is true and correct and includes all in me under Title 15, Election Code. as Expires 012	perjury, that the accompanying report information required to be reported by date or Officeholder	
-	0_12, to cer Williams	tify which, witness my hand and seal of office. EARLYNN H. Williams	Molary tle of officer administering oath	

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Vincent M. Torres Date 5 Payee name Amount 1/3/2011 Office Depot Pavee address; City; State; Zip Code 6 Payee address; 620 W. Anderson Lane 162.33 Austin, TX 78757 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held USB Thumb drives and an external hard drive (portable) (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) 6/22/2011 The Apple Store Payee address; City; State; Zip Code 11410 Centrury Oaks Terrace, Ste 120 344.13 Austin, TX 78758 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Iphone, Applecare, screen protector Candidate / Officeholder name Office sought & case for IPhone (If travel outside of Texas, complete Schedule T) Payee name Date Amount (\$) City; State; Zip Code Payee address; Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) City; State; Zip Code Pavee address: Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Office sought (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED