

## FORM COR-C/OH CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <b>3</b>	<b>OFFICE USE ONLY</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> FIRST <b>David</b> MI <b>S.</b>	Date Received <b>FILED FOR RECORD AT 3:05 PM</b>  <b>DEC 10 2014</b>
	NICKNAME _____ LAST <b>Torres</b> SUFFIX _____	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Final report	Date Hand-Delivered or Received By <b>DAIRA CASARERA</b> Clerk, County Court, Nueces County, Texas Deputy Receipt # <b>Deirdre</b> Amount _____
	<b>5</b> ORIGINAL PERIOD COVERED	
Month Day Year      THROUGH      Month Day Year <b>03 / 08 / 2012</b> <b>01 / 15 / 2013</b>		

**6** EXPLANATION OF CORRECTION  
*Received two checks from corporations. Both donors were paid back in full. Copies of checks are included.*

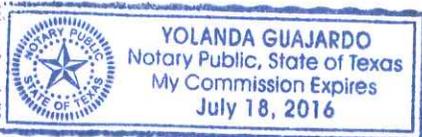
**7** AFFIDAVIT

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

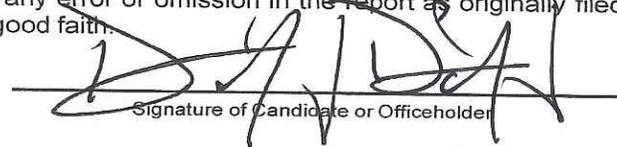
Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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** (excluding semiannual reports due on or after September 1, 2011): 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.

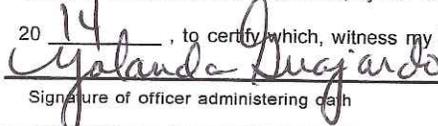


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Torres, this the 10 day of December, 2014, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Yolanda Guajardo

Printed name of officer administering oath

Notary

Title of officer administering oath

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

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE  
NAME

David Torres

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

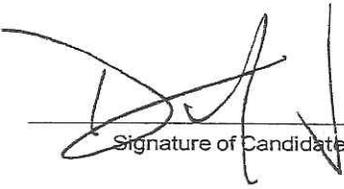
•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2012

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

DAVID TORRES  
433 S TANCAHUA ST  
CORPUS CHRISTI, TX 78401-3422

30-784/3149

719

Date 12-9-14

Pay to the  
Order of

Ruben's Fleet Service

\$ 500<sup>00</sup>

Five hundred & 00/100

Dollars



CORPUS CHRISTI  
CITY EMPLOYEES 2140 Gallihar Road  
CREDIT UNION Corpus Christi, TX 78416

For \_\_\_\_\_

[Signature]

⑆3⑆4978404⑆000⑆1⑆33800⑆719

DAVID TORRES  
433 S TANCAHUA ST  
CORPUS CHRISTI, TX 78401-3422

30-784/3149

718

Pay to the

Date 12-9-14

Order of

MADfish AUTO SALES

\$ 200<sup>00</sup>

two hundred & 00/100

Dollars



CORPUS CHRISTI  
CITY EMPLOYEES 2140 Gollihar Road  
CREDIT UNION Corpus Christi, TX 78416

For \_\_\_\_\_

*[Signature]*

⑆3⑆4978404⑆000⑆⑆33800⑆⑆718

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

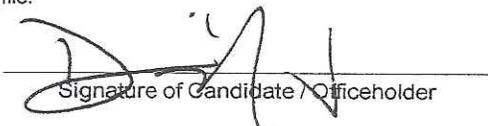
1 C/OH NAME

David S. Torres

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

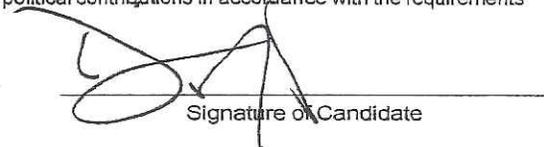
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

MR.

FIRST  
DAVID

MI

S.

NICKNAME

LAST

TORRES

SUFFIX

OFFICE USE ONLY

Acct. #

Date Received

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4021 Castle Ridge Drive  
Compus Christ., Tx  
78410

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 726-6833

Date Hand-delivered or Postmarked

Date Processed

5 OFFICE  
HELD  
(if any)

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

County Commissioner Pct. 1

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR.

DAVID

S.

TORRES

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4021 Castle Ridge Dr.  
C.C. Tx 78410

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

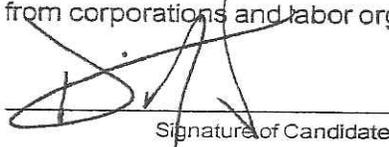
(361) 726-6833

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

12-10-14  
Date Signed

GO TO PAGE 2