

# 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 (Ethics Commission Fee):

2 Total pages filed:

8

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mrs. FIRST: Debbie LAST: Torres NICKNAME: SEX: F SUFFIX:	<b>OFFICE USE ONLY</b>  Date Received: 6/2/23 6:17 pm Monica Mathewson  Date Hand-delivered or Date Postmarked: 6/2/23 6:17 pm  Received by:      Amount (\$):  Date Emailed: 6/5/23 11:14 am Date Mailed: 6/5/23 11:14 am								
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address	ADDRESS / PO BOX: 200 Green Haven Place, El Paso, TX 79907 APT / SUITE #:      CITY:      STATE:      ZIP CODE:									
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (915)      PHONE NUMBER: 526-5306      EXTENSION:									
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Mrs. FIRST: Debbie LAST: Torres NICKNAME: SEX: F SUFFIX:									
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 200 Green Haven Place, El Paso, TX 79907 APT / SUITE #:      CITY:      STATE:      ZIP CODE:									
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (915)      PHONE NUMBER: 526-5306      EXTENSION:									
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th Day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Successor Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
<b>10 PERIOD COVERED</b>	Month: 4      Day: 27      Year: 23      THROUGH      Month: 5      Day: 31      Year: 23									
<b>11 ELECTION</b>	ELECTION DATE: Month: 6      Day: 10      Year: 23 ELECTION TYPE: Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other (Indicate): General <input type="checkbox"/> Special <input type="checkbox"/>									
<b>12 OFFICE</b>	OFFICE HELD (if any):	<b>13 OFFICE Sought (if known):</b> YISD Board Trustee, Place 6								
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages:	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.  <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
GENERAL	COMMITTEE ADDRESS									
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Debbie F. Torres		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 2,381.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 443.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 317.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of official administering oath Printed name of official administering oath Title of official administering oath

OR

(2) Unsworn Declaration

My name is Debbie F. Torres and my date of birth is 01/28/1950

My address is 200 Green Haven Place El Paso TX 79907 USA

(street) (city) (state) (zip code) (country)

Executed in El Paso County, State of Texas on the 2 day of June 2023

(month) (year)  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Debbie F. Torres</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,781.64
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4	SCHEDULE E: LOANS	\$ 0.00
5	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 341.75
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 102.04
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12	SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages (Schedule A1) **1**

2 FILER NAME

**Debbie F. Torres**

3 Filer ID (Ethics Commission Filers)

4 Date

05/11/2023

5 Full name of contributor

**David Porras**

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address:

City

State

Zip Code

**937 Duskin Drive, El Paso, TX 79907**

7 Amount of contribution (\$) **100.00**

8 Principal occupation / Job title (See Instructions)

**Business Manager**

9 Employer (See Instructions)

**UTEP Student Health Services**

Date

05/06/2023

Full name of contributor

**Kathleen Downey**

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

City

State

Zip Code

**5524 Fernwood Circle, El Paso, TX 79932**

Amount of contribution (\$) **500.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

City

State

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address:

City

State

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form:		1 Total pages - Schedule A2: <b>1</b>	
2 FILER NAME <b>Debbie F. Torres</b>		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1,781.64</b>	
5 Date <b>05/08/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Texas State Teachers Association-PAC</b>	8 Amount of Contribution \$ <b>890.82</b>	9 In-kind contribution description <b>Printing &amp; Mailing of postcards</b>
7 Contributor address: City State Zip Code <b>8716 N. MoPac Expressway, Austin, TX 78759</b>		Check if travel outside of Texas - Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>05/23/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Texas State Teachers Association-PAC</b>	Amount of Contribution \$ <b>890.92</b>	In-kind contribution description <b>Printing &amp; Mailing of postcards</b>
Contributor address: City State Zip Code <b>8716 N. MoPac Expressway, Austin, TX 78759</b>		Check if travel outside of Texas - Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Scholarship/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Rolling Expense	Travel In District
Contributors/Donations Made By	Gift/Wards/Memorial's 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.

<b>1</b> Total pages Schedule F1 1	<b>2</b> FILER NAME Debbie F. Torres	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/17/2023	<b>5</b> Payee name Zippy Printing Center	
<b>6</b> Amount (\$) 265.21	<b>7</b> Payee address 2855 Pershing Drive, El Paso, Texas 79903 <small>City State Zip Code</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> 6x11 in. push cards for canvassing
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 05/26/2023	Payee name Zippy Printing Center	
Amount (\$) 76.54	Payee address 2855 Pershing Drive, El Paso, Texas 79903 <small>City State Zip Code</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Push cards for Canvassing
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address <small>City State Zip Code</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Purchasing Expense            |
| Accounting/Bookkeeping   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Rolling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officer/holder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4 <i>2</i>	<b>2</b> FILER NAME Debbie F. Torres	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 05/05/2023	<b>6</b> Payee name Economy Wholesale Grocers	
<b>7</b> Amount (\$) <b>5.91</b>	<b>8</b> Payee address: City, State Zip Code 411 North Zaragoza Road, El Paso, Texas 79907	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description One case of bottled water for volunteers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, official/direct living expense.	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/DH	Candidate / Officer/holder name	Office sought / Office held
Date 05/05/2023	Payee name Subway	
Amount (\$) <b>59.04</b>	Payee address: City, State Zip Code 8101 North Loop, El Paso, TX 79907	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages	Description Sandwiches for volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, official/direct living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/DH	Candidate / Officer/holder name	Office sought / Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officer/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorial Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expenses  
Printing Expense  
Salaries/Wages/Contract Labor

Salviation/Fundraising Expenses  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

This Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4 2	<b>2</b> FILER NAME Debbie F. Torres	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 102.04
<b>5</b> Date 05/06/2023	<b>6</b> Payee name Taco Cabana	
<b>7</b> Amount (\$) 23.69	<b>8</b> Payee address: City, State, Zip Code 11801 Gateway West Blvd., El Paso, TX 79936	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverages	<b>(b)</b> Description Breakfast tacos for volunteers
	<b>(c)</b> Check if travel outside of Texas (Complete Schedule F) <input type="checkbox"/> Check if Austin, TX, office/political fundraising expense <input type="checkbox"/>	
<b>11</b> Complete ONLY if direct expenditure is benefit C/DH	Candidate / Officer/holder name	Office sought / Office held
Date 05/05/2023	Payee name Krispy Kreme	
Amount (\$) 13.49	Payee address: City, State, Zip Code 11915 Gateway Blvd., West, El Paso, TX 79936	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages	Description Doughnuts for volunteers
	<b>(c)</b> Check if travel outside of Texas (Complete Schedule F) <input type="checkbox"/> Check if Austin, TX, office/political fundraising expense <input type="checkbox"/>	
Complete ONLY if direct expenditure is benefit C/DH	Candidate / Officer/holder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED