FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full)   ☐ (Check if name is changed)   Example: If typing, type over the lines.   `12FE4M5`

SALOMON TORRES FOR CONGRESS

ADDRESS (number and street)   2505 LAZY LAKE DR

☐ (Check if address is changed)

HARLINGEN   TX   78550-8627

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)   torresfortexas@att.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)   torresfortexas.com

2. DATE   1 2 / 1 6 / 2 0 1 1

3. FEC IDENTIFICATION NUMBER   C

4. IS THIS STATEMENT   ☑ NEW (N)   OR   ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   JUAN E. RIVERA

Signature of Treasurer _____   Date   01 / 09 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office Use Only | | | | | | For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100 | **FEC FORM 1**
(Revised 02/2009) |

5. TYPE OF COMMITTEE

Candidate Committee:

(a)   ✓   This committee is a principal campaign committee. (Complete the candidate information below.)

(b)   This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate   S A L O M O N   T O R R E S

Candidate
Party Affiliation   D E M   Office
                                    Sought: ✓ House   Senate   President   State   T X

                                                                                                          District   2 7
                                                                                                          (district selection
(c)   This committee supports/opposes only one candidate, and is NOT an authorized committee.   subject to ongoing
                                                                                                          redistricting litigation)
Name of
Candidate

Party Committee:

(d)   This committee is a   (National, State
                                             or subordinate) committee of the   (Democratic,
                                                                                             Republican, etc.) Party.

Political Action Committee (PAC):

(e)   This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

            Corporation   Corporation w/o Capital Stock   Labor Organization

            Membership Organization   Trade Association   Cooperative

                In addition, this committee is a Lobbyist/Registrant PAC.

(f)   This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
            committee. (i.e., nonconnected committee)

                In addition, this committee is a Lobbyist/Registrant PAC.

                In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g)   This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
            committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)   This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
            committees/organizations, none of which is an authorized committee of a federal candidate.

            Committees Participating in Joint Fundraiser

            1.   FEC ID number C

            2.   FEC ID number C

            3.   FEC ID number C

            4.   FEC ID number C

Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

                                                                          CITY   STATE   ZIP CODE

Relationship: Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name   *TREASURER*

Mailing Address

                                                                          CITY   STATE   ZIP CODE

Title or Position

                                                                          Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer   *JUAN E RIVERA CPA*

Mailing Address   *901 INDUSTRIAL DR*

      PORT ISABEL   *TX*   *78578*-
                                                                          CITY   STATE   ZIP CODE

Title or Position
TREASURER   Telephone number   *956*-*245*-*5928*

Full Name of
Designated
Agent   STEVEN E RIVERA

Mailing Address   301 S BONHAM

                  SAN BENITO   TX   78586-
                  CITY   STATE   ZIP CODE

Title or Position
ASSISTANT TREASURER   Telephone number   956-491-4631

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

                  SECURITY SERVICE FEDERAL CREDIT UNION

Mailing Address   PO BOX 691510

                  16211 LA CANTERA PARKWAY

                  SAN ANTONIO TX   TX   78269-1510
                  CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

                  CITY   STATE   ZIP CODE

Federal Election Commission
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PREPARER

DATE PREPARED 1/17/12

(3/2005)