

ATTORNEYS

ABOGADOS

WWW.TREVINOBODDEN.COM

January 19, 2016

Mr. Remi Garza Cameron County Elections Office 1050 East Madison St. Brownsville, Texas 78520

RE:

January 2016 Campaign Finance Report

Dear Mr. Garza:

Enclosed please find an Amended Candidate/Officeholder Campaign Finance Report Form C/OH Cover Sheet pg 2. We inadvertently left out the amount for total political contributions balance maintained on number 5 of cover sheet on report filed January 15, 2016.

We would appreciate you file stamping the enclosed extra copy of the foregoing document and forwarding it to our office.

Thank you for your professional courtesies. Should you have any questions, please do not hesitate to contact my office.

Very truly yours,

Eddie Treviño, Jr.

ETJ:jw Enclosure

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Ediberto NICKNAME LAST	MI J. SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	Eddie Trevino ADDRESS / PO BOX; APT / SUITE #; 805 Media Luna, Ste 300, Brownsvii AREA CODE PHONE NUMBER	Jr. CITY; STATE; ZIP CODE Ile, Texas 78520 EXTENSION	VOTER REGISTRATION JAN 1 9 2016 PEOFILED BY:
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	Ms / MRS / MR FIRST Mrs. Evangelina NICKNAME LAST Trevino	Mí 	Date Hand-delivered or Pate Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1552 Palm Blvd., St. 8, Brownsville	, , , , , , , , , , , , , , , , , , , ,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 542-7160	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 11 / 03 / 2015	Month THROUGH 12	Day Year 31 /2015
11 ELECTION	ELECTION DATE Month Day Year Primary 3 1 2016 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) Cameron County Judg	e
	GO TO	PAGE 2	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE/ OFFICEHOLDER NAME	Ms/Mrs/mr First Mr. Ediberto NICKNAME LAST Eddie Trevino	MI J. SUFFIX Jr.	Date Received CAMERON COUNTY DEPARTMENT OF ELECTION VOTER REGISTRATION JAN 1 9 2016
4 ORIGINAL REPORT TYPE	July 15 Exce	eeded \$500 ilmit anday after treasurer continent (officeholder only)	Date Handedgilvered or Date Postmarked Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year 11 / 03 / 2015 THE	Month Day Year ROUGH 12 31 2015	Date Processed Date Imaged
6 EXPLANATION OF CO Inadvertently left out the cover sheet on Report	e amount for total political contributi	ions balance maintained on number 5	as of December 31, 2015 of
7 AFFIDAVIT	l swear, o report is t	r affirm, under penalty of perjury, true and correct.	that this corrected
	Check ON	NLY if applicable:	
	└── made in g	ual reports: I swear, or affirm, the good faith and without an intent to information contained in the repo	to mislead or to misrepre-
My C	N JUANITA WOLFE or affirm,	ports: I swear, or affirm, that I later than the 14th business day port as originally filed is inaccurate that any error or omission in the a in good faith.	y after the date I learned te or incomplete. I swear, report as originally filed
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Candidate or O	ficeholder
	before me, by the said <u>Eddie Trevino</u> ,		day of_ January
2016, to certify w		nita Wolfe ame of officer administering oath	Legal Assistant Title of officer administering cath
Rem		Of The Campaign Finance Rep And Explain Corrections	port Form

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Eddie Trevino, Jr.	· · · · · · · · · · · · · · · · · · ·		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	TURES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S SINFORMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 60,731.85
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 6,106.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 60,000.00		
18 AFFIDAVIT			
S Nota	AN JUANITA WOLFE by Public, State of Te Commission Expire March 20, 2017	true and correct and includes all info under Atle 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me didate or office-holder
AFFIX NOTARY STAM			\bigcup
Sworn to and subsci	ribed before me, t	by the said Eddie Trevino, Jr.	, this the 18th
day of <u>January</u>	, 20 <u>16</u> ,	to certify which, witness my hand and seal of office.	
Sans Juan	ille Wal	San Juanita Wolfe	Legal Assistant
Signature of officer a	dministering oath	V Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID	(Ethics Commission Filers)
Eddie Trevino, Jr.	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 60,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$ 36,393.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 10,765.42
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13,572.56
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	FC/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Rafael & Eulalia Varela 6 Contributor address; City; State: Zip Code Olmito, Texas 78575 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State: Zip Code Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDIE: Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State: Zip Code Full name of contributor out-of-state PAC (IDIE: Amount of contribution (\$) Contributor address; City: State: Zip Code	Th	e Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
Date S Full name of contributor	FILER NAMI		3	3 Filer ID (Ethics Commission Filers
Rafael & Eulalia Varela 6 Contributor address: City: State: Zip Code Olmito, Texas 78575 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		ino, Jr.		
Contributor address: City: State: Zip Code Olmito, Texas 78575	Date	Rafael & Eulalia Varela	··	• • • • • • • • • • • • • • • • • • • •
Date Full name of contributor Contributor address; City: State: Zip Code Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:	2/01/2010	6 Contributor address; City; State;	Zip Code	4 - [333.33
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruction	s)
Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:			• • • • • • • • • • • • • • • • • • •	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-slate PAC (ID#: Contributor address; City; State; Zip Code	Principal occu	Dation / Job title (See Instructions)	 Employer (See Instruction	s)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:	:	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code		i e	Zip Code	
Contributor address; City; State; Zip Code	Principal occu	 pation / Job title (See Instructions)	Employer (See Instruction	3)
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)

r r gr

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			T
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coo		
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Coo	de	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
l f o	ATTACH ADDITIONAL COPIES OF TI contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

PLED	GED CONTRIBUTIONS			SCHEDULE B
T	The Instruction Guide explains how to complete t	this form.	1 Total pages Sche	dule B:
2 FILER NAM	ME		3 Filer ID (Ethics	Commission Filers)
4 TOTAL C	OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID)	k:	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State;			
10 Principal oc	ocupation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule
, -				
Date	Full name of pledgor	:)	Amount of Pledge \$	In-kind contribution description
•	Pledgor address; City; State;	Zip Code		
			Check if travel outs	: ide of Texas, Complete Schedule T
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		· ·
			Check if travel outs	· de of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		• • •
			Check if travel outsi	de of Texas, Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see ins			requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Eddie Trevino, Jr.	· · · · · · · · · · · · · · · · · · ·		
	NITEMIZED LOANS		\$ 20,000.00
5 Date of loan	7 Name of lender out-of-state (PAC (ID#:)	9 Loan Amount (\$)
11/13/2015	Eddie Trevino, Jr.		
6 is lender a financial	<u> </u>	State; Zip Code	10 Interest rate
Institution?	805 Media Luna, Ste. 300, Brownsville,	, TexaS 78520	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Attorney 14 Description of Coll X none	ateral	Trevino & Bodden 15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		21 Employer (See Instructions)	
Attorney Date of loan	Name of lender Out-of-state F	Trevino & Bodden	Loan Amount (\$)
11/19/2015	International Bank of Commerce	PAC (ID#:)	\$ 40,000.00
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution?	1600 FM 802, Brownsville, Texas 7852	? 6	6% Maturity date
<u> </u>	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor Eddie Trevino, Jr. Guarantor address; City; S		Amount Guaranteed (\$)
not applicable	805 Media Luna, Ste 300, Brownsville, T	Гехаs 78520	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
Attorney		Trevino & Bodden	
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Ove Polling Ex ise Printing E Salaries/V	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NA Eddie Trevi				3 Filer ID (Ethics Commission Filers)
5 4 Date	5 Payee na				1
12/3/2015 6 Amount (\$)	The Grafik 7 Payee ad		e; Zip Code		
\$4,873.88		e Rd., Ste. 2, Brownsvil		21	
8	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	, signs		1 -	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee nar	ne			
12/3/2015	Donkey G	raphics			
Amount (\$)	Payee add	dress; City; State	e; Zíp Code		
\$607.52	325 West	Jefferson, Brownsville, 1	Texas 78520		
PURPOSE OF EXPENDITURE	Category Advertising	(See Categories listed at the top o	if this schedule)		Iside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held
Date	Payee nar	ne			
12/3/2015	Dann Rive	era			
Amount (\$)	Payee add	Iress; City; State	e; Zîp Code		
\$1,300.00	5196 Sug	gar Mill Rd., Brownsville,	, Texas 78526	;	
PURPOSE OF EXPENDITURE	Category ((See Categories listed at the top of	f this schedule)	1 ===	tside of Texas, Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officeholder name		Office sought	Office held
	ATTA	ACH ADDITIONAL COP	PIES OF THIS	SCHEDULE AS NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Prinling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 12/4/2015 Voter's Voice RGV Magazine 6 Amount (\$) 7 Payee address; City; State; Zip Code \$650.00 110 Regency Ct., Harlingen, Texas 78550 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/4/2015 Breeden McCumber Amount (\$) Payee address; City; State; Zip Code \$9,126.00 P.O. Box 5686, Brownsville, Texas 78520 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T, PURPOSE Advertising & Political Consulting Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH. Payee name Date 12/11/2015 Angel Rosas Amount (\$) Payee address; City; State; Zip Code \$1,800.00 Category (See Categories listed at the top of this schedule) Description PURPOSE. __ Check if travel outside of Texas. Complete Schedule T. Advertising, signs Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Clift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enters extension out listed chave)

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr 4 Date 5 Payee name 12/15/2015 Smart Marketing 6 Amount (\$) 7 Payee address: City; State; Zip Code \$ 950.00 30 Providencia Ct., Brownsville, Texas 78526 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Social Media, Political Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/15/2015 Breeden McCumber Amount (\$) Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520 \$2,292.45 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising & Political Consulting Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/18/2015 Breeden McCumber Amount (\$) Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520 \$4,545.46 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising & Political Consulting Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District
Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 12/21/2015 Dann Rivera 6 Amount (\$) 7 Payee address; City; State; Zlp Code

\$1,400.00	5196 Sugar Mill Rd., Brownsville, Texas 78526		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Banking	(b) Description Check if Austin, TX, officeh	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/21/2015	Juan Torres		
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
\$1,000.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor/Signs	Description Check if travel outside of Texas. C	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		

OF EXPENDITURE	Contract Labor/Signs	Check if Austin, TX, office	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/23/2015	Breeden McCumber		
Amount (\$)	Payee address; City; State; Zip Code		
\$7,730.78	P.O. Box 5686, Brownsville, Texas 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	Description Check if traveloutside of Texa: Check if Austin, TX, officel	
Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Feat Sendres Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed shows)

Credit Card Payment	The instruction Guide explains how to	wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Eddie Trevino, Jr.		•
4 Date	5 Payee name		
12/8/2015	IBC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$117.78	1600 FM 802, Brownsville, Texas 78522		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	*	'	side of Texas. Complete Schedule T.
OF	Checks	[TX, officeholder [Iving expense
EXPENDITURE	Checks		AND GREEK HAND GUARANTE
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		•
PURPÖSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside	le of Texas. Complete Schedule T,
OF EXPENDITURE		Check if Austin, T.	X, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name f	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	[···	of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDE	D

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politics		Gift/Awards/Memorials Expense Legal Services	Printing Expens		Travel in District Travel Out Of District Other (enter a category not listed above)
	ar John Mado	The Instruction Guide explain	_		Other (errich a category not instead appove)
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURRED OBLI	GATIONS		\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Catego	ory {See Categories listed at the top of this	s schedule)		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Сап	didate / Officeholder name	Office	sought	Office held
Date	Payee	name		-	
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE	F	olitical	Non-Political		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	Office	sought	Office held
	ATTAC	H ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

7	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City;	State; Zip Code
	Description of investment	
-	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic		
	The Instruction Guide explains how to com	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Eddie Trevino, Jr.	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREE	DIT CARD \$
5 Date	6 Payee name	
11/18/2015	Texas Democratic Party	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$1,200.00	4818 E. Ben White Blvd., Ste 104, Austin, Texas 78	8741
9 TYPE OF EXPENDITURE	X Political Non-Politica	al
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T,
OF EXPENDITURE	Voter's list	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi		e sought Office held
Date	Рауее пате	
11/7/2015	Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,372.53	Brownsville, Texas 78520)
TYPE OF EXPENDITURE	x Political Non-Politica	al
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	·	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign sign materials	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense. Transportation Equipment & Related Expense Travel in District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Total pages Schedule F4: Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 11/19/2015 The Grafik Spot City; State; Zlp Code 8 Payee address; 7 Amount (\$) \$2,000.00 74 S. Price Rd., Brownsville, Texas 78520 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Campaign signs Check If Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Payee name Date 12/7/2015 Blue Bee Printing Amount (\$) Payee address; City; State; Zip Code \$466.22 401 South Canal Street, South San Francisco CA., 94080 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if Iravel outside of Texas. Complete Schedule T. PURPOSE Campaign materials OF Check it Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Folling:Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundratsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Printing Expense Sálaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: Eddie Trevino, Jr.-4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 12/7/2015 Home Depot City; State; Zip Code 8 Payee address; 7 Amount (\$) Brownsville, Texas 78520 \$1,005.43 TYPE OF Non-Political Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Campaign sign materials OF EXPENDITURE _ Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/8/2015 Office Depot Amount (\$) Payee address; City; State; Zip Code \$160.94 Brownsville, Texas 78520 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Campaign print materials OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Travel Out Of District
Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethles Commission Filers) 1 Total pages Schedule F4: Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 12/9/2015 Home Depot 8 Payee address; City; State; Zip Code 7 Amount (\$) Brownsville, Texas 78520 \$113.21 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Campaign sign materials Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/10/2015 Home Depot Amount (\$) Payee address; City; State; Zip Code \$132.33 Brownsville, Texas 78520 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Campaign sign materials EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILERNAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 12/11/2015 The Grafik Spot 8 Payee address; City; State; Zlp Code 7 Amount (\$) \$2,200.00 74 S. Price Rd., Ste 2, Brownsville, Texas 78520 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Campaign signs 11 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Payee name Date 12/14/2015 Blue Bee Printing Amount (\$) Payee address; City; State; Zip Code \$ 1,134.76 401 South Canal Street, South San Francisco CA 94080 TYPE OF Non-Politicai Political EXPENDITURE Category (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. PURPOSE Campaign materials OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banklay Consulting Expense Contibutions/Donations Made Candidate/Officeholder/Politic			е	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travet in District Travet Out Of District Other (enter a category not listed above)
}	The Instruction Guide explai	ns how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILERNAME			3 Filer ID (Ethics Commission Filers)
6	Eddie Trevino, Jr.			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACRED	ITCARD	\$.
5 Date	6 Payee name			<u> </u>
12/26/2015	USPS			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$980.00	7955 N. Expressway 77, Olmito Texa	as 78575		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	ก
PURPOSE			Checkift	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Postage		Check if	Austin, TX, officeholder living expense
expenditure to benefit C/OH	Payee name		· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; 7	Zip Code		,
TYPE OF EXPENDITURE	Political	Non-Political	· ·	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule)		wel.outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 11/3/2015 Breeden McCumber 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520 \$2,500.00 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertising & Political Consulting EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/10/2015 Dann Rivera Amount (\$) Payee address: City; State; Zip Code \$2,500.00 Reimbursement from 5196 Sugar Mill Rd., Brownsville, Texas 78526 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Phone Banking EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/10/2015 Smart Marketing Amount (\$) Payee address; City; State; Zip Code \$950.00 30 Providencia Ct., Brownsville, Texas 78526 Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Social Media, Political Advertising **EXPENDITURE** Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beyerage Expense Glif/Awards/Memorials Expense Loan Repayment/Relmbu/sement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense.
Transportation Equipment & Related Expense
Travel In District:
Travel Out Of District:
Other (Aniers of the group of the contract of the con

Candidate/Officeholder/Pol Credit Card Payment	itical Committee Legal Services Sai The Instruction Guide explains ho	aries/Wages/Contract Labor w to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G	; 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
3	Eddie Trevino, Jr.		, , , , , , , , , , , , , , , , , , , ,
4 Date	5 Payee name		
11/14/2015	Texas Democratic Party		
6 Amount (\$)	7 Payee address; Clty; State; Zlp Coo	[e	
\$1,250.00 Reimbursement from political contributions intended	4818 E. Ben White Blvd., Ste 104, Austin, T	exas 78741	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	
OF EXPENDITURE	 Filing Fee		of Texas: Complete Schedule T. officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/	Candidate / Officefiolder name OH .	Office sought	Office held
Date	Payee name		The state of the s
11/15/2015	Rancho Viejo Resort & Country Club		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$ 250.00	1 Rancho Viejo, Rancho Viejo, Texas 78575		
Reimbursement from political contributions intended	Trancilo viejo, ivancilo viejo, Texas 70070		
DUDDOCE	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Sponsor	J	f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		404.1.4
11/19/2015	The Grafik Spot		
Antount (\$)	Payee address; City; State; Zip Code		
\$3,572.56	74 S. Price Rd., Ste 2., Brownsville, Texas 78	3521	
Reimbursement from political contributions intended			,
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	fexas. Complete Schedule T.
OF EXPENDITURE	Advertising expense, Signs		lexas. Complete Schedule T. Ticeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
	ÁTTACH ÁDDITÍONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Follrig Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense.
Transportation Equipment & Related Expense
Travel In District.
Travel Out Of District.
Other (enter a calegory not listed above).

Candidate/Officeholder/Po Credit Card Payment	litical Committee Legal Services Sal The Instruction Guide explains ho	aries/Wages/Contract Labor w to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Commission Filers
3	Eddie Trevino, Jr.		
4 Date	5 Payee name		
11/19/2015	Smart Marketing		
6 Amount (\$)	7 Payee address; City; State; Zip Coc	e	
\$950.00 Reimbursement from political contributions intended:	30 Providencia Ct., Brownsville, Texas 7852	26	
8 BUDDOOF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Social Media, Political Advertising		e of Texas: Complete Schedule T. K, officeholder living expense.
Complete ONLY If direct expenditure to benefit Company	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
11/20/2015	Juan Torres		
Amount (\$)	Payee address; City; State; Zip Code)	
\$1,000.00 Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contract labor/Signs		of Texas, Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought	Office held
Date	Payee name		
11/20/15	Donkey Graphics		
Amount (\$)	Payee address; City; State; Zip Code		
\$600.00 Reimbursement from political contributions intended	325 West Jefferson, Brownsville, Texas 785	20	a
PURPOSE	Category (See Categories, listed at the top of this schedule)	(b) Description Check If travel outside of	Texas. Complete Schedule T.
OF EXPENDITURE	T-Shirts	! 	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	2

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Ground Bad i dymoni		The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule H:	2 FILER N.	AME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business	name		
6 Amount (\$)	7 Business	address; City; State; 2	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	Check if travel outside	of Texas, Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State; Z	(ip Code	
		· · · · · ·	-	
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this s	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name	Office sought	Office held
Date	Business i	ame		
Amount (\$)	Business	address; City; State; Zi	ip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES C	DF THIS SCHEDULE AS NEED	DED

SCHEDULE !

1	The Instruction Guide explains how to com	piete tills form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) .	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

·	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAM	Œ	3 Filer ID (Ethics C	Commission Filers)	
l Date	5 Name of person from whom amount is received	8	3 Amount (\$)	
	6 Address of person from whom amount is received; City; State	z; Zip Code		
	7 Purpose for which amount is received Check in	f political contribution re	turned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	e; Zip Code		
	Purpose for which amount is received Check if	political contribution ret	urned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution ret	urned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State	; Zip Code		
•	Purpose for which amount is received Check if	political contribution retu	urned to filer	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction Guide	explain	s how to complete t	his form.	1 Total pages Schedule T:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation of	or Labor (Drganization / Pledgor	/ Payee		
5 Contribution / Expen	diture reported	on,				
Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F	=4
Schedule F2	Sche	dule F4	Schedule COH-UC Schedule	-		
6 Dates of travel 7 Name of person(s) traveling						
	8 Departure	e city or n	ame of departure loca	tion		
	9 Destination	on city or	name of destination lo	cation		
10 Means of transportat	ion	11 Purpo	se of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation o	r Labor C	Prganization / Pledgor	/ Payee		
Contribution / Expend	lituro roportad e	an:				
Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F	1
Schedule F2	Sched	lule F4	Schedule G	Schedule H	Schedule COH-UC Schedule	B-SS
Dates of travel	Name of	person(s)	traveling			
	Departure	city or na	ame of departure locat	ion		
į	Destinatio	n city or r	name of destination lo	cation		
Means of transportati	on	Purpo	se of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor /	Corporation or	Labor Oi	rganization / Pledgor /	Payee		
Contribution / Expend	ture reported o	n;				
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	l
Schedule F2	Sched	ıle F4	Schedule G	Schedule H	Schedule COH-UC Schedule E	3-SS
Dates of travel	Name of p	erson(s)	traveling			
	Departure	city or na	me of departure locati	on		
<u></u>	Destination	city or n	ame of destination loc	ation		
Means of transportation	no	Purpos	se of travel (including r	name of conference, se	minar, or other event)	
	ATTA	ACH AD	DITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	

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 2 Filer ID (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 FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · · **CAMPAIGN FUNDS** A. 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 filling 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. ₽. **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 **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