

January 15, 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 Candidate/Officeholder Campaign Finance Report Form C/OH for 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.

805 MEDIA LUNA SUITE 300 BROWNSVILLE, TX 78520 PH: 956.554.0683: FAX: 956.554.0693 WWW.TREVINOBODDEN.COM

Very truly yours,

Eddie Treviño, Jr.

ETJ:jw Enclosure

CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

JAN 15 2016

RECEIVED

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY		
NAME	Mr. Ediberto	J	Date Received		
	Eddie Trevino	Jr.	CAMERON COUNTY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 805 Media Luna, Ste 300, Brownsvill	e, Texas 78520	DEPARTMENT OF ELECTIONS VOTER REGISTRATION JAN 1 5 2016		
Change of Address			JAN 1 3 2010		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 554-0683	EXTENSION	Date Hand-delivered or Date Pastmarket		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Mrs. Evangelina		Date Processed		
	Trevino		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1552 Palm Blvd., St. 8, Brownsville,		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 542-7160	EXTENSION			
9 REPORT TYPE	July 15 30th day before electric 30th day before 40th day before electric 30th day before electric 30th day before electric 30th day before 40th day before electric 30th day before 40th		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 11 / 03 / 2015	THROUGH 12	Day Year 31 /2015		
11 ELECTION	Month Day Year Primary 3 1 2016 General	Runoff Cher Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		Cameron County Judg	ge		
GO TO PAGE 2					

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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 CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		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, SITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 60,731.85
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	100 TO 10	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 60,000.00
18 AFFIDAVIT			
			erjury, that the accompanying report is rmation required to be reported by me
	JUANITA WOLFE Public, State of Texa		
My Co	ommission Expires arch 20, 2017		lidate or Officeholder
AFFIX NOTARY STAMI			
Sworn to and subscr	ribed before me, k	by the said _Eddie Trevino, Jr.	, this the 15th
day of <u>January</u>		to certify which, witness my hand and seal of office.	
< n	1,001	•	
<u> </u>	sta Wally	San Juanita Wolfe	Legal Assistant
Signature of officer a	dministering oath V	Printed name of officer administering oath	Title of officer administering oath

SAN JUANITA WOLFE Normy Public, State of Texas My Cernmission Expires March 20, 2017

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	mmission 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	\$ 36,393.87
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ Rafael & Eulalia Varela 12/31/2015 \$ 2,500.00 6 Contributor address; City; State; Zip Code Olmito, Texas 78575 112 Plantation Dr. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this forn	n.	1 Total pages Schedule A2:
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Cod	 le	
10 Principal occ	cupation / 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)		
Date	Date Full name of contributor □ out-of-state PAC (ID#:)		Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L	
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Revised 9/8/2015

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$. 9 In-kind contribution 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:__ 8 Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:___ description Pledge \$ Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. 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.

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.			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 20,000.00
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
11/13/2015	Eddie Trevino, Jr.		
6 Is lender a financial	8 Lender address; City; S	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)	1
Attornev		Trevino & Bodden	
14 Description of Coll X none	ateral	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		State; Zip Code 21 Employer (See Instructions)	
Attorney	ion (coo manasaone)	Trevino & Bodden	
Date of loan	Name of lender		Loan Amount (\$)
	International Bank of Commerce	PAC (ID#)	
11/19/2015			\$ 40,000.00 Interest rate
ls lender a financial	Lender address; City; S	State; Zip Code	6%
Institution?	1600 FM 802, Brownsville, Texas 7852	26	Maturity date
Ø N		T	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political
None		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Eddie Trevino, Jr. Guarantor address; City;	State; Zip Code	
not applicable	805 Media Luna, Ste 300, Brownsville,	Texas 78520	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
Attorney		Trevino & Bodden	
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe Salaries/Wag		Travel In District Travel Out Of Distr	ict gory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethi	cs Commission Filers)
5	Eddie Trevi	no, Jr.				
4 Date	5 Payee na	me				
12/3/2015	The Grafi	< Spot				
6 Amount (\$)	7 Payee ac	ldress; City; State; Z	ip Code			
\$4,873.88	74 E. Prio	ee Rd., Ste. 2, Brownsville, T	exas 78521			
8	(a) Category	(See Categories listed at the top of this s	schedule) (b) Description		
PURPOSE				Check if travel ou	itside of Texas. Complete	Schedule T.
OF EXPENDITURE	Advertising	ı, signs		Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/3/2015	Donkey G	raphics				
Amount (\$)	Payee ad	dress; City; State; Z	ip Code			
\$607.52	325 West	Jefferson, Brownsville, Texa	s 78520			
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE	Advertisin	n T-Shirts		Check if travel out	side of Texas. Complete S	Schedule T.
OF EXPENDITURE	Advertisiii	g, r-oning		Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/3/2015	Dann Riv	era				
Amount (\$)	Payee ad	dress; City; State; Z	ip Code			
\$1,300.00	5196 Su	gar Mill Rd., Brownsville, Tex	kas 78526			
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE				Check if travel out	side of Texas. Complete S	Schedule T.
OF EXPENDITURE	Phone Ba	ınkina		Check if Austin,	TX, officeholder living	expense
LAF ENDITORE		3				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	АТТ	ACH ADDITIONAL COPIES	OF THIS SC	HEDULE 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 Gift/Awards/Memorials Expense 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.	Other (enter a category not listed above)	
1 Total pages Schedule F1	: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
5	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			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	·	Check if travel out	Iside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
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		
PURPOSE	Adverticing & Political Consulting			
OF EXPENDITURE	Advertising & Political Consulting Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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 outsid	de of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising, signs	Check if Austin, T.	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	



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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
5	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			
PURPOSE	·	Check if travel ou	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Social Media, Political Advertising	Check if Austin	, TX, officeholder living expense		
CAPEND/TORE					
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/15/2015	Breeden McCumber				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,292.45	P.O. Box 5686, Brownsville, Texas 78520				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Advertising & Political Consulting	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	•				
12/18/2015	Breeden McCumber				
Amount (\$)	Payee address; City; State; Zip Code				
\$4,545.46	P.O. Box 5686, Brownsville, Texas 78520				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outsic	de of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, T	X, officeholder living expense		
	Advertising & Political Consulting				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH		Smoo Sought	Ource dela		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	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 Gilt/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
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	· ·		3 Filer ID (Ethics Commission Filers)
4 Date	Eddie Trevino, Jr. 5 Payee name		
12/21/2015	Dann Rivera		
6 Amount (\$)	7 Payee address; City; State; Zip 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	1	tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/21/2015	Juan Torres		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor/Signs		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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		de of Texas. Complete Schedule T. 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEED	ED

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 Gift/Awards/Memorials Expense 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.	Other (enter a category not listed above)
1 Total pages Schedule F1:	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		
	1600 FM 802, Brownsville, Texas 78522		
\$117.78			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel ou	itside of Texas. Complete Schedule T.
OF	Checks	Check if Austin	, TX, officeholder living expense
EXPENDITURE .			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
0-1-	Payee name		
Date	rayeename		
Amount (\$)	Payee address; City; State; Zip Code		
(4)	. ayou address, Sity, State, Ep Sode		
		1	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		I ——	ide of Texas. Complete Schedule T.
EXPENDITURE		Check it Austin,	TX, officeholder living expense
			•
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Onice Haid
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsi	de of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, T	X, officeholder living expense
The same of the sa			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Hepayment/Heimbursement 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)	
	The Instruction Guide explai	ns how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID 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	(a) Category (See Categories listed at the top of the	` ` `		
PURPOSE OF		Check if	travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check	if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of the	nis schedule) Description	on	
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check	f Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he 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; Cit	
	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	
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
11/18/2015	Texas Democratic Party		
7 Amount (\$)	8 Payee address; City; State; 2	Zip Code	
\$1,200.00	4818 E. Ben White Blvd., Ste 104, Aus	tin, Texas 78741	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Descrip	tion
PURPOSE		Check	k if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Voter's list	Chec	k if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/7/2015	Home Depot		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,372.53	Brownsville,	Texas 78520	
TYPE OF EXPENDITURE	x Political	Non-Political	
	Category (See Categories listed at the top of this		tion kif travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Campaign sign materials	Chec	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORETO CO		
	ATTACH ADDITIONAL COPIES OF	FINIS SCHEDULE AS N	ICEVED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic			е	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to compl	lete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
6	Eddie Trevino, Jr.			
4 TOTAL OF UNITEM	NIZED EXPENDITURES CHARGED	TOACRED	IT CARD	\$
5 Date	6 Payee name			
11/19/2015	The Grafik Spot 8 Payee address; City; State; Zip Code			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$2,000.00	74 S. Price Rd., Brownsville, Texas 78520			
9 TYPE OF EXPENDITURE	X Political	Non-Political	1	
10	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description	on
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign signs		Check i	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	I Candidate / Officeholder name H	Office	sought	Office held
Date	Payee name			
12/7/2015	Blue Bee Printing			
Amount (\$)	Payee address; City; State; 2	Zip Code		
\$466.22	401 South Canal Street, South San Francisco CA., 94080			
TYPE OF EXPENDITURE	x Political	Non-Political		
	Category (See Categories listed at the top of this	schedule)	Descriptio	n
PURPOSE			Check if t	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign materials		Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought	Office held
	•			
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Food/Beverage Expense Polling Expe By Gift/Awards/Memorials Expense Printing Expe		Transportalion Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
6	Eddie Trevino, Jr.			
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CRE	DITCARD	\$	
5 Date	6 Payee name			
12/7/2015	Home Depot			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
\$1,005.43	Brownsville, Texas 78520)		
9 TYPE OF EXPENDITURE	X Political Non-Politi	cal		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
PURPOSE	Campaign sign materials	Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check i	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
12/8/2015	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
\$160.94	Brownsville, Texas 785	520		
TYPE OF	han Dallah	t		
EXPENDITURE	X Political Non-Politi	cai		
	Category (See Categories listed at the top of this schedule)	Descriptio	n	
PURPOSE		Check if to	ravel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Campaign print materials	Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Offic	e sought	Office held	
expenditure to benefit C/OH				
			j	
	,			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic			d/Rental Expense e se	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explair	ns how to comp	lete this form.		
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	TOACRED	IT CARD	\$	
5 Date	6 Payee name				
12/9/2015	Home Depot				
7 Amount (\$)					
\$113.21	Brownsville, Te	exas 78520		•	
9 TYPE OF EXPENDITURE	Political	Non-Politica	d		
10	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Descriptio	n	
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Campaign sign materials Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held	
Date	Payee name				
12/10/2015	Home Depot				
Amount (\$)	Payee address; City; State;	Zip Code			
\$132.33	Brownsville, T	exas 78520			
TYPE OF EXPENDITURE	x Political	Non-Politica	I		
	Category (See Categories listed at the top of this	s schedule)	Description	1	
PURPOSE			Check if to	avel 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	Candidate / Officeholder name	Office	sought	Office held	
	,				
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/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 F4:	2 FILERI	,			3 Filer ID (Ethics Commission Filers)
6	Eddie Tre				The to (Ethics commission this)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRED	OITCARD	\$
5 Date	6 Payee r	name			
12/11/2015	The Grafik	Spot			
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
\$2,200.00	74 S. Price	Rd., Ste 2, Brownsville, Texa	as 78520		•
9 TYPE OF EXPENDITURE	X F	Political	Non-Politica	ıl	
10	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Descriptio	n
PURPOSE				Check if I	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign	signs		Check if	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		lidate / Officeholder name	Office	sought	Office held
Date	Payee n	ame			
12/14/2015	Blue Bee F				
Amount (\$)	Payee a	address; City; State;	Zip Code		
\$ 1,134.76	401 Sou	ith Canal Street, South San F	Francisco CA	94080	
TYPE OF EXPENDITURE	X Po	olitical	Non-Politica	l	
	Categor	y (See Categories listed at the top of this	schedule)	Description	
PURPOSE				Check if tr	avel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign r	materials		Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office	sought	Office held
		,			
	ATTACH	ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expension Printing Expension Salaries/Wages		Travel In District Travel 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 FILER	NAME			3 Filer ID (Ethics Commission Filers)
6	Eddie Tre	evino, Jr.			
4 TOTAL OF UNITEM	IIZED EXP	ENDITURES CHARGED	TOACRED	OIT CARD	\$
5 Date	6 Payee	name			
12/26/2015	USPS	address; City; State;	Zin Codo		
7 Amount (\$)	8 Payee	address, Oily, State,	Zip Code		
\$980.00					•
	7955 N.	Expressway 77, Olmito Tex	as 78575		
9 TYPE OF EXPENDITURE	X	Political	Non-Politica	ll	
10	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Descriptio	n
PURPOSE				Check if I	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Postage			Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee r	name	***************************************		
Amount (\$)	Payee a	address; City; State;	Zip Code		
					•
TYPE OF EXPENDITURE	P	olitical	Non-Politica	l	
	Categor	y (See Categories listed at the top of this	/aluhadas	Description	1
PURPOSE	- Catogo.	y (ooo oalogolloo llotoa ar tilo lop ol liin	, , , , , , , , , , , , , , , , , , , ,	· ·	avel outside of Texas, Complete Schedule T.
OF				Check if	Austin, TX, officeholder living expense
EXPENDITURE					
				····	
Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name	Office	sought	Office held
		,			
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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/C		Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to comple	te this form.	
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics Commission Filers)
3	Eddie Trev	ino, Jr.			
4 Date	5 Payee nar	ne			
11/3/2015	Breeder	n McCumber			
6 Amount (\$)	7 Payee add	dress; City; State; Zip	Code		
\$2,500.00	P.O. Box	c 5686, Brownsville, Texas 78	520		
Reimbursement from political contributions intended					
8 PURPOSE	(a) Category	See Categories listed at the top of this sch	edule) (b) Des	scription	
OF	Advertising & Political Consulting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			•	
EXPENDITURE	Advortising	a r ontoar oonsaking		Check if Austin, TX,	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G		ate / Officeholder name	Office	sought	Office held
Date	Payee nar	ne			
11/10/2015	Dann Ri	vera			
Amount (\$)	Payee add	dress; City; State; Zip	Code		
\$2,500.00					
Reimbursement from political contributions intended	5196 Su	gar Mill Rd., Brownsville, Tex	as 78526		
	Category	See Categories listed at the top of this sch	edule) (b) Des	scription	
PURPOSE OF	Phone Ban	kina		Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	I Hone Ban	King		Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name	Office	sought	Office held
Date	Payee nan	ne .			
	l ayou nan				
11/10/2015	Smart Mark				
Amount (\$)	Payee add	lress; City; State; Zip	Code		
\$950.00	30 D	anaia Ot Danumavilla Tavra	70500		
Reimbursement from political contributions intended	30 Provid	encia Ct., Brownsville, Texas	78526		
PURPOSE	Category (See Categories listed at the top of this sch	edule) (b) Des	cription	
OF	Social Med	lia, Political Advertising			of Texas. Complete Schedule T.
EXPENDITURE	Coolai ivice	na, i ontour ravortioning		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought	Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SCHEDU	JLE AS NEEDE	ED

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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement 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 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 11/14/2015 Texas Democratic Party 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,250.00 Reimbursement from political contributions 4818 E. Ben White Blvd., Ste 104, Austin, Texas 78741 intended 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Filing Fee **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 <u>11/15/2015</u> Rancho Viejo Resort & Country Club Amount (\$) City; State; Zip Code Payee address; \$ 250.00 1 Rancho Viejo, Rancho Viejo, Texas 78575 Reimbursement from 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 Advertising Sponsor **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 11/19/2015 The Grafik Spot Amount (\$) Payee address; City; State; Zip Code \$3,572.56 74 S. Price Rd., Ste 2., Brownsville, Texas 78521 Reimbursement from 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 Advertising expense, Signs **EXPENDITURE** Check if Austin, 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

Event Expense 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

Travel Out Of District 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 11/19/2015 Smart Marketing 6 Amount (\$) 7 Payee address; City; State; Zip Code \$950.00 Reimbursement from political contributions intended 30 Providencia Ct., Brownsville, Texas 78526 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Social Media, Political Advertising **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 11/20/2015 Juan Torres Amount (\$) Payee address; City; State; Zip Code \$1,000.00 Reimbursement from 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 EXPENDITURE Contract labor/Signs 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 11/20/15 **Donkey Graphics** Amount (\$) Payee address; City; State; Zip Code \$600.00 325 West Jefferson, Brownsville, Texas 78520 Reimbursement from 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. EXPENDITURE T-Shirts Check if Austin, 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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) ont/Raimhursamant Saliaitatian/Fundraisina Fu

Advertising Eveness

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/i-undraising 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	s how to complete this form.		
1 Total pages Schedule H: 2	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip	o Code		
8 PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this sch	Check if travel outside	of Texas, Complete Schedule T. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip	o Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip	o Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this 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.)		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; City; State; Zip Code					
	7 Purpose for which amount is received Check if	political contribution returned 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 returned 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 returned 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 returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commiss	sion Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					1	
5 Contribution / Expendence Schedule A2 Schedule F2	Sche	l on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1 Schedule B-SS
6 Dates of travel	7 Name o	f person(s	traveling			
	8 Departu	re city or n	ame of departure locati	on		
	9 Destinat	ion city or	name of destination loc	cation		
10 Means of transportat	ion	11 Purpo	se of travel (including r	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	on:				
Schedule A2	· ·	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
	Destinat	ion city or	name of destination loc	cation		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destinat	ion city or	n city or name of destination location			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
		<u></u>				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete only if "Report Type" on page 1 is	
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE	
	ing a re	expect any further political contributions or political expenditures in contributions as a final report terminates my campaign treasurer appointment. In litings or make any campaign expenditures without a campaign treasure	I also understand that I may not accept any campaign
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
		I have unexpended contributions or unexpended interest or income of may not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of this final report. Further, I understand that I must dispose of unexpendincome earned on political contributions in accordance with the requirements.	interest or income earned on political contributions to f unexpended contributions and that I may not retain n political contributions longer than six years after filing inded political contributions and unexpended interest or
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest	t or other income from political contributions.
		I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to
			Signature of Candidate
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ··	
		I am aware that I remain subject to filing requirements applicable to an of file. I am also aware that I will be required to file reports of unexpended of officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contributions	contributions if, after filing the last required report as an political contributions, or assets purchased with politi-
			Signature of Officeholder

		4.	