## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH instruction G	Guide explains how to complete this f	1 Filer ID (Ethics Commission	Tellers) 2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Edibe	erto J.	Date Received
	NICKNAME LAST	SUFFIX	
	Eddie Trevin		CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  805 Media Luna, Ste 300, Brown	CITY; STATE; ZIP CC	DEPARTMENT OF ELECTIONS: VOTER REGISTRATION  4:37 FEB 0 1 2016
Change of Address	Oco Modia Edila, Olo 500, Biowi	ioville, Texas 70020	7 PED V 1 2010
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	×
OFFICEHOLDER PHONE	(956 ) 554-0683		Date Mand delivered by Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Evang	gelina SUFFI)	Date Processed
	Trev	vino	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE	; ZIP CODE
(Residence or Business)	1552 Palm Blvd., Ste 8, Browns	ville, Texas 78520	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956 ) 542-7160	EXTENSION	
9 REPORT TYPE		before election Runoff  Exceeded \$50	15th day after campaign treasurer appointment (Officeholder Only)    Dimit   Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 20		Month Day Year 01 / 21 / 2016
11 ELECTION	ELECTION DATE  Month Day Year X  3 1 2016	Primary Runoff Other Description Obscription	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT	(if known)
	G	O TO PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)	
Eddie Trevino, Jr.				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	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 S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	. 1 4	
	2. TOTAL	POLITICAL CONTRIBUTIONS		
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00	
EXPENDITURE	3, TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS,	Φ	
TOTALS	UNLESS ITEMIZED		\$ O	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 48,698.79	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 4,017.41	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	S	
do ACCIDANTE			100,000.00	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under fittle 15, Election Code.  SAN JUANITA WOLFE Notary Public, State of Texas My Commission Expires				
	arch 20, 2017	Signature of Cano	lidate or Officeholder	
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscr	ibed before me, b	y the said Eddie Trevino, Jr.	, this the <b>1s</b> t	
day of <u>February</u>	, 20 <u>16</u> , t	o certify which, witness my hand and seal of office.		
SanDrua	nelella	San Juanita Wolfe	Legal Assistant	
Signature of officer as	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Co			mmlsslon Filers)
Ed	Eddie Trevino, Jr.			
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,300.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. X SCHEDULE E: LOANS		\$ 40,000.00	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<sup>\$</sup> 44,621.02	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4,077.77	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
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 CONTRIBUTE RETURNED TO FILER	ONS	\$

#### 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#:\_\_\_\_\_ Mike & Ann McLelland \$ 200.00 1/13/2016 6 Contributor address; City; State; Zip Code PO Box 2728, Harlingen, Texas 78551 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CPA Full name of contributor ut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Jim & Amy Tipton 1/13/2016 \$1,000.00 Contributor address; City; State; Zip Code 701 Santa Ana Avenue Rancho Viejo, Tx., 78575 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Michael & Lesly Cowen \$2,000.00 1/13/2016 City; State; Zip Code Contributor address; 7370 Keeneland Drive Fair Oaks, Ranch, Texas 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Joann & H. Keith Cummins 1/13/2016 \$ 100.00 Contributor address; City; State; Zip Code 25 Pablo Alto Dr., Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME		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	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$ . description	
	Contributor address; City; State; Zip Co	de		
Principal occ	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)	
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction	HIS SCHEDU	LE AS NEEDED	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:\_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code \_\_\_ Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount In-kind contribution ut-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address: City; State; Zip Code \_\_ Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:\_\_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code \_\_\_ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of pledgor Amount of out-of-state PAC (ID#:\_ Pledge \$ description 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	plete 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 (\$)
1/4/2016	Eddie Trevino, Jr.		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y	805 Media Luna, Ste., 300, Brownsville,	, Texas 78520	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Attorney		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  Z0 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
1/14/2016	Eddie Trevino, Jr.		\$ 20,000.00
ls lender a financial Institution?	Lender address; City; §	State; Zip Code	Interest rate
Y <b>V</b>	805 Media Luna, Ste. 300, Brownsv	/ille, Texas 78520	Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Attorney Description of Colla	-t-val	Trevino & Bodden	
none	<sub>i</sub> terai	Check if personal funds were caccount (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable	50 6000		
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COR ender is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NE estruction guide for additional re	

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### 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
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	By Gift/Awards/Memorials Expense Printing	Expense Travel in District Expense Travel Out Of District (Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
4 Date	Eddie Trevino, Jr. 5 Payee name		
1/4/2016	Angel Rosas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,575.00	1014 South Expressway Brownsville, T	exas 78520	
8	(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	Advertising, signs	L 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		
1/5/2016	Juan Torres		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 500.00	43 Calgary Ct., Brownsville, Texas 78526	3	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor/Signs	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1/5/2016	The Grafik Spot		
Amount (\$)	Payee address; City; State; Zip Code		
\$526.91	74 E. Price Rd., Ste. 2, Brownsville, Texas 785.	21	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising, signs	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

# EVENTIFIED CATEGORIES FOR BOX 8(a) Event Expense Fees Office Overhead/Rental Expense Food///povernen Expense

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/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category and listed above)

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	11,111(19)	Expense Travel Out Of District (Wages/Contract Labor 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	
1/5/2016	Breeden McCumber	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 988.32	P.O. Box 5686, Brownsville, Texas 78520	13006
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) .	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising & Political Consulting	i anack n virgini, tvi onicendosi nand exhause
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
1/6/2016	Salvador Molar	
Amount (\$)	Payee address; City; State; Zlp Code	
\$533.00	5082 Camelia St., Brownsville, Texas 7852	1
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising, T-Shirts	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	
1/6/2016	Donkey Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$97.42	325 West Jefferson, 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, T-Shirts	Check if Austin, TX, 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 NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing 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 Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 1/8/2016 Breeden McCumber 6 Amount (\$) 7 Payee address; City; State; Zip Code \$10,964.87 P.O. Box 5686, Brownsville, Texas 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertising & Political Consulting 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/11/2016 **Smart Marketing** Amount (\$) Payee address; City; State; Zip Code \$ 950.00 30 Providencia Ct., Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Social Media, Political Advertising EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH. Date Payee name 1/13/2016 Juan Torres Amount (\$) Payee address; City; State; Zip Code \$500.00 43 Calgary Ct., Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel cutside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Contract Labor/Signs Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Travel In District

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 1/14/2016 Breeden McCumber 6 Amount (\$) 7 Payee address; City; State; Zip Code \$10,892.87 P.O. Box 5686, Brownsville, Texas 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertising & Political Consulting 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/15/2016 Johnny Cavazos Amount (\$) Payee address; City; State; Zip Code \$ 1,301,17 1168 Squaw Valley Dr., 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 Check if Austin, TX, officeholder living expense EXPENDITURE Advertising, signs Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/16/2016 Wings Pizza & Things Amount (\$) Payee address; City; State; Zip Code \$376.20 4356 South Expressway 77/83, Brownsville, Texas 78520 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Volunteer Block Walkers Lunch 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 POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **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 Giff/Awards/Memortals Expense Légal 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

Candidate/Officeholder/Politice Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	s/Wages/Contract Labor Other (enter a category not listed above)
Total acres Cohodula Eti		·
1 Total pages Schedule F1:	• '	3 Filer ID (Ethics Commission Filers)
4 Date	Eddie Trevino, Jr. 5 Payee name	
1	<b>\</b>	
1/18/2016 6 Amount (\$)	Dann Rivera 7 Payee address; City; State; Zip Code	
	and an annual man, manner and	
\$2,500.00	5196 Sugar Mill Rd., Brownsville, Texas 7852	26
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if Iravel cutside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
-	Phone Banking	
	<u>L</u>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ł	Office sought Office held
Oxponontia to IIII		
Date	Payee name	
1/20/2016	Breeden McCumber	
Amount (\$)	Payee address; City; State; Zlp Code	
\$7,905.26	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
EAT BREEF GELS	71470140119 4 7 01.404. 2 11.1 1 0	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
expandime to pendir plain		
Date	Payee name	
Date	Cayoo namo	
1/20/2016	Dianira Gomez	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 1,010.00	COOF Fort 14th Ct. Ant. A. Brownsville Te	70504
ψ 1,010.00	2325 East 14th St. Apt. A., Brownsville, Te	
THE COURT	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	'	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Trail Dida Event Evnenege	Check if Austin, TX, officeholder living expense
	Trail Ride Event Expenses	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	anjung southood by the set set to be a service of the set of the s	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIN E AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cappildate/Officetbolder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expenso Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Com	Gilt/Awards/Memorials Expense mittee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F2: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZE	ED 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) PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Checki	On f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Checki	on i travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	E	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; 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; Zlp Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

## **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		Loan Repayment/Reimbur Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract	xpense Transportation Equipment & Related Expense Travel In District Travel Out Of District
***************************************	The Instruction Guide explain	is how to complete this	form.
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
3	Eddle Trevino, Jr.		
4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED	TOACREDIT CA	RD s
5 Date	6 Payee name		
1/4/2016	Home Depot		With
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$1,256.78	Brownsvil	le, Texas	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) D	escription
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		
1/6/2016	Blue Bee Printing	V 200 A	
Amount (\$)	Payee address; City; State;	Zip Code	
\$ 1,147.25	401 South Canal Street, South San Fran	cisco, CA 94080	
TYPE OF EXPENDITURE	X Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) D	escription
PURPOSE			Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Campaign materials		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F 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			е	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Other (enter a category not listed above)
	The Instruction Guide explain	s how to campl	lete this form.	· • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule F4:	2 FILER NAME Eddie Trevino, Jr.			3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED	TOACRED	IT CARD	\$
5 Date	6 Payee name	***************************************		
1/10/2016	Office Depot			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$ 274.81	Brownsville	e, Texas 7852	20	,
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Descriptio	n
PURPOSE			Check if t	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		ļ	Check if	Austin, TX, officeholder living expense
	Campaign materials			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
Date	Payee name			
1/20/2016	Home Depot			
Amount (\$)	Payee address; City; State; 2	Zip Code		
\$418.93	Harlingen, 1	Fexas 78550		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE	Category (See Categories listed at the top of this	schedule)	Description	n avel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Campaign materials	***		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 CODIES OF	TUIC COLPE		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEL	JULE AS NEE	nen

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made E Cendidate/Officeholder/Politic			e	Sollcitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to compl	lete this form.	
1 Total pages Schedule F4: 3	2 FILER NAME Eddie Trevilno, Jr.			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACRED	ÍTCARD	\$
<b>5</b> Date 1/21/2016	6 Payee name USPS			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
\$980.00	Brownsville, T	exas 78520		•
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description	n
PURPOSE			Checkift	ravel outside of Texas. Complete Schedule T.
EXPENDITURE Advertising Expense Check if Austin, TX, officeholder tiving expe			Austin, TX, officeholder living expense	
11 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		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule)	F	n avel 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	sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEE	DULE AS NEE	DED

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee nar	ne			
6 Amount (\$)	7 Payee add	dress; City; State; Zip	Code		
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this sch	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/4		ate / Officeholder name	Office sought	Office held	
Date	Payee nar	ne			
Amount (\$)	Payee add	dress; City; State; Zip	Code	· · · · · · · · · · · · · · · · · · ·	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this sch	Check if travel outs	ide of Texas. Complete Schedule T. 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			
Amount (\$)	Payee add	ress; City; State; Zip	Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top of this scho	Check if travel outs	lde of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

## 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 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/Politi Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NA	AME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business	name		
6 Amount (\$)	7 Business	address; City; State; Z	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State; Z	îp Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	Check if travel outside	e of Texas. Complete Schedule T. K. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ate / 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 so	Check if travel outside	e of Texas. Complete Schedule T. <, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I

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 Gode			
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.)		

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

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

## SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME		3 Filer ID (Ethica	s 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 i	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 p	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 p	political contribution	returned to filer
C	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 p	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 Instr	uction Guide explai	ns how to complete th	nis form.	1 Total pages Schedule T:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend Schedule A2 Schedule F2 6 Dates of travel	Schedule B		Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
U Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location					
	9 Destination city o	or name of destination lo	eation			
10 Means of transportat	ion 11 Pur	oose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor	/ Corporation or Labor	Organization / Pledgor	/ Payee			
Contribution / Expend	liture reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city of	or name of destination lo	eation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Gontribution / Expend	liture reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule 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					
	Destination city of	or name of destination lo	cation			
Means of transportat	ion Pur	pose of travel (including	name of conference, s	seminar, or other event)		
	ATTACH /	ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

1 1 1 1 C

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 N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	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.					
		Signat	ure of Candidate / Officeholder			
4		ILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Checl	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B. ASSETS					
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.			
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or ot personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income	her income from political contributions to			
			Signature of Candidate			
5		HOLDER  plete this section <i>only</i> if you are an officeholder ··				
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as an			
			Signature of Officeholder			