# Mr. Ediberto J. Eddie Trevino Jr.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr. Ediberto  NICKNAME LAST  Eddie Trevino,	MI J. SUFFIX Jr.	OFFICE USE ONLY  Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS ( VOTER REGISTRATION)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO	ownsville, Texas 78520	FEB 2 2 2016 4:44 pm
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 554-0683	EXTENSION	BY:  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mrs. Evangelina NICKNAME LAST  Trevino	MI 	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1552 Palm Blvd., Ste 8, Brown		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956 ) 542-7160	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 22 2016	THROUGH 02	Day Year 20 2016
11 ELECTION	Month Day Year Primary  03 01 2016	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known  Cameron Count	
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	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 THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$16.220.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$31,388-36 812,366.19				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 120,000,00				
18 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.					
Notan My	N JUANITA WOLFE y Public, State of Te Commission Expire March 20, 2017	ddir =	date or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE							
			, this the <u>22</u>				
day of <u>February</u> , 20 <u>16</u> , to certify which, witness my hand and seal of office.							
San Juanita Wolfe Legal Assistant							
Signature of officer a	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Comm							
Edd	Eddie Trevino, Jr.						
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<sup>\$</sup> 16,550.00			
2.	x	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,750.00			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE E: LOANS			<sup>\$</sup> 20,000.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			<sup>\$</sup> 27,905.97			
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			<sup>\$</sup> 3,482.29			
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$			
10,	2. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Eddie Trevi	no, Jr.			
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)	
	Jon Pederson			
1/14/2016	6 Contributor address; City; State	; Zip Code	\$ 1,000.00	
	PO Box 842 Los Fresn	os,Tx 78566		
<b>5</b> D: : 1			(2.25)	
•	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Constructi	on	Self Employed		
Date		(ID#:)	Amount of contribution (\$)	
	William & Sheri Conner			
1/23//2016	Contributor address; City; State	; Zip Code		
	29229 Rancho Escondido, Rancho V	ieio.Tx. 78575-9409	\$1,000.00	
~ '.	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Retai		Self Employed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
1/26/2016	GL Hartzog			
	Contributor address; City; State	; Zip Code	\$ 250.00	
	PO Box 249, Rio Hondo, Texa 78583	-0249	Y	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Retail	<b>\</b>	Self Employed		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
l	_		, ,	
1/26/2016	L.Hollmann & M.E. Hollmann  Contributor address; City; State	; Zip Code	<b>Φ</b> 050 00	
	327 W. St. Charles, Brownsville, T	exas 78520	\$ 250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Accountant Self Employed				
			14 A	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Eddie Trevii	no, Jr.		
4 Date	5 Full name of contributor	AG (ID#:)	7 Amount of contribution (\$)
	Jorge De La Garza	ļ	
1/18/2016	6 Contributor address; City; State	e; Zip Code	\$ 200.00
	1952 S. Price Rd. Brownsville Tex	as 78521	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Construction	on '	Self	
Date	Full name of contributor □ out-of-state PAC	.C (ID#:)	Amount of contribution (\$)
1/18/2016	.Fabian De La Garza	e; Zip Code	\$ 500.00
	6845 White Pine Brownsville,	<del></del>	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Construction	1	Self	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Mario De Leon		
1/18/2016		e; Zip Code	\$ 250.00
	2100 W. San Marcelo Blvd., Apt 159, Brown	nsville, Tx. 78526	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	lons)
Construction	1	Self	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Bill Best  Contributor address; City; State; Zip Code PO Box 3699, South Padre Island Tx, 78597			\$ 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Attorney		Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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 (\$) ut-of-state PAC (ID#: Maria E. Solis 1/29/2016 6 Contributor address; \$ 500.00 City; State; Zip Code Brownsville, Texas 78521 1835 Don Quixote 9 Employer (See Instructions) Dr. Zamir 8 Principal occupation / Job title (See Instructions) Office Manager Full name of contributor Date ut-of-state PAC (ID#; Amount of contribution (\$) Eddie Lucio, III Campaign Account 1/29/2016 Contributor address; City; State; Zip Code \$ 1,500.00 San Benito, Texas 78586 PO Box 2106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney/State Representative Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) \$ 1,000.00 1/29/2016 Vicente Mendez . Contributor address: City; State; Zip Code 1920 Westminster Rd., Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Ambiotec. Engineer Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michael A. Hernandez 1/29/2016 Contributor address; State; Zip Code \$ 2,500.00 Colleyville, Texas 76034 5205 Montclair Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Auto leasing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

	<del></del>		
The Instruction Guide explains how to complete this form.			
2 FILER NAME Eddie Trevin			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	AC (ID#:)	7 Amount of contribution (\$)
1/13/2016	2335 Hudson Blvd., Brownsville, To		\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Real Estate	e Sales & Development	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1/13/2016	Andrew & Kurth, PAC  /13/2016 Contributor address; City; State; Zip Code 600 Travis, Suite 4200, Houston, Texas 77002		\$ 500.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)
Attorneys			- Marie - Mari
Date	Full name of contributor out-of-state_PAC	C (ID#:)	Amount of contribution (\$)
	Davidson Troilo Ream & Garza, Committee for C	Divic Awareness	• • • • • • • • • • • • • • • • • • • •
1/22/2016	Contributor address; City; State; 7550 W IH 10 Ste. 800, Brownsville, 7	· .	\$ 1,000.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	lons)
Attorneys			
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
1/26/2016			\$ 500.00
The stand manufacture	35 Calle Jacaranda Brownsville, Te	······································	
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Retired			

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

# **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

PO Box 3293 Brownsville, Texas 78523  Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Carlos Escobar  2/3/2016  Contributor address;  City; State; Zip Code  2/415 N. 10th St. McAllen Texas 78501  Employer (See Instructions)  Employer (See Instructions)  Self  Carlos De La Rosa  Contributor address;  City; State; Zip Code  2/3/2016  Full name of contributor  Carlos De La Rosa  Contributor address;  City; State; Zip Code  2/14 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  \$ 1,000.00						
Eddie Trevino, Jr.  4 Date 2/1/2016  5 Full name of contributor	The	Instruction Guide explains how to complete thi	is form.	1		
2/1/2016   Eric B. Barron   \$ 1,000.00   \$ 1,000.00				3 Filer ID (Ethics Commission Filers)		
2/1/2016  8 Contributor address; City; State; Zip Code  245 Calle Jacaranda, Brownsville, Texas 78520  8 Principal occupation / Job title (See Instructions)  Physician  Date  Full name of contributor  Abel Gonzales  Contributor address; City; State; Zip Code  PO Box 3293  Brownsville, Texas 78523  Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Contributor address; City; State; Zip Code  2/3/2016  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  2/3/2016  Carlos Escobar  City; State; Zip Code  2/415 N. 10th St. McAllen Texas 78501  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  1,500.00  Amount of contribution (\$)  Amount of contribution (\$)  Carlos De La Rosa  Contributor address; City; State; Zip Code  2/14 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	4 Date		iG (ID#:)	·· <i>'</i>		
B Principal occupation / Job title (See Instructions) Physician  Date  Full name of contributor  Abel Gonzales  Contributor address; City; State; Zip Code  PO Box 3293 Brownsville, Texas 78523  Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  G&T Paving  Amount of contribution (\$)  \$1,000.00  Amount of contribution (\$)  \$1,500.00  \$1,500.00  Full name of contributor  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Out-of-state PAC (ID#:  Amount of contribution (\$)  Employer (See Instructions)  Self  Amount of contribution (\$)  \$1,500.00  \$1,500.00  Amount of contribution (\$)  \$2/3/2016  Carlos De La Rosa  Contributor address; City; State; Zip Code  2/3/2016  Carlos De La Rosa  Contributor address; City; State; Zip Code  2/14 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	2/1/2016		e; Zip Code	\$ 1,000.00		
Physician  Date  Full name of contributor  Abel Gonzales  Contributor address;  City; State; Zip Code  PO Box 3293  Brownsville, Texas 78523  Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$ 1,500.00  Amount of contribution (\$)  Carlos Escobar  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Attorney  Self  Carlos De La Rosa  Contributor address; City; State; Zip Code  2/3/2016  Carlos De La Rosa  Contributor address; City; State; Zip Code  2/114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Гехаѕ 78520			
Abel Gonzales  Contributor address; City; State; Zip Code  PO Box 3293 Brownsville, Texas 78523  Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$ 1,500.00  Amount of contribution (\$)  \$ 1,500.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Self  Amount of contribution (\$)  Carlos De La Rosa  2/3/2016  Cantributor address; City; State; Zip Code  2/3/2016  Carlos De La Rosa  2/3/2016  Cantributor address; City; State; Zip Code  2/14 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		pation / Job title (See Instructions)		tions)		
Contributor address; City; State; Zip Code   \$1,000.00	Date		G (ID#:)	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Road Construction  Date  Full name of contributor  Carlos Escobar  2/3/2016  Contributor address;  Amount of contribution (\$)  \$ 1,500.00  Contributor address;  City; State; Zip Code  2415 N. 10th St. McAllen Texas 78501  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Carlos De La Rosa  2/3/2016  Contributor address;  City; State; Zip Code  Carlos De La Rosa  Contributor address;  City; State; Zip Code  2114 Old Port Isabel Brownsville, Texas 78521  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	2/3/2016		e; Zip Code	\$ 1,000.00		
Road Construction   G&T Paving		PO Box 3293 Brownsville, Texas 78523				
Date  Full name of contributor  Carlos Escobar  2/3/2016  Contributor address; City; State; Zip Code 2415 N. 10th St. McAllen Texas 78501  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Carlos De La Rosa  2/3/2016  Contributor address; City; State; Zip Code  2/3/2016  Full name of contributor  Carlos De La Rosa  Contributor address; City; State; Zip Code  2114 Old Port Isabel Brownsville, Texas 78521  Employer (See Instructions)  Amount of contribution (\$)  \$ 1,500.00	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Carlos Escobar  Contributor address; City; State; Zip Code 2415 N. 10th St. McAllen Texas 78501  Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Carlos De La Rosa  2/3/2016  Contributor address; City; State; Zip Code 2114 Old Port Isabel Brownsville, Texas 78521  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Full name of contributor contribution (\$)  Carlos De La Rosa  2/3/2016  Contributor address; City; State; Zip Code 2114 Old Port Isabel Brownsville, Texas 78521  Employer (See Instructions)	Road Constr	ruction	G&T Paving			
2/3/2016 Contributor address; City; State; Zip Code 2415 N. 10th St. McAllen Texas 78501  Principal occupation / Job title (See Instructions)  Attorney  Date Full name of contributor  Carlos De La Rosa  2/3/2016  Contributor address; City; State; Zip Code  2114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Date	tond = -7 to available to the	> (ID#:)			
Principal occupation / Job title (See Instructions)  Attorney  Date  Full name of contributor  Carlos De La Rosa  2/3/2016  Contributor address;  City; State; Zip Code  2114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$ 150.00  Employer (See Instructions)	2/3/2016	Contributor address; City; State;		\$ 1,500.00		
Attorney  Date  Full name of contributor		Z410 IV. Tour or. Working Force 7.	0001			
Date  Full name of contributor	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
2/3/2016 Carlos De La Rosa \$150.00  Contributor address; City; State; Zip Code  2114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Attorney_		Self			
2/3/2016 Contributor address; City; State; Zip Code 2114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Obtrop state PAC	(ID#:)	***		
2114 Old Port Isabel Brownsville, Texas 78521  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	0/0/0016			\$ 150.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		•				
		2114 Old Port Isabel Brownsville, T	Гехаs 78521			
Accountant Self	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Accountant		Self			

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. ۷ 2 FILER NAME 3 Filer ID (Ethlos Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Romeo & Linda Montalvo \$ 500.00 2/4/2016 6 Contributor address; City; State; Zip Code 864 Central Blvd., Ste 2200 Brownsville, Texas 78520 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Physician Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) \$ 300.00 Romeo & Beatrice Esparza 2/5/2016 Contributor address; City; State; Zip Code 4242 Old Port Isabel Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Agriculture Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) \$ 50.00 Estela Balli 2/4/2016 Contributor address; City; State; Zip Code 57 Shadowbrook Ln Brownsville, Texas 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Self Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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 NAM Eddie Trevi	no, Jr.		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$ , description		
1/28/2016	7 Contributor address; City; State; Zip Coc		\$ 1,725.00		
	3154 Central Blvd, Brownsville Texas 785	520	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ Self Employ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) yed/Restaurants		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	Full name of contributor		Amount of . In-kind contribution Contribution \$ . description		
1/19/2016	Evangelina Trevino Contributor address; City; State; Zip Cod		\$ 250.00		
	165 Calle Jacaranda, Brownsville, Texas	78520	Check if travel outside of Texas, Complete Schedule T.		
Principal occi Retail	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)		outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
12	ATTACH ADDITIONAL COPIES OF T				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

		.,	
Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2;
2 FILER NAM	IE		3 Filer ID (Ethlos Commission Filers)
Eddie Trev	vino, Jr.		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 1/27/2016	1/27/2016 Evangelina Trevino		8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State; Zip Co	de	\$ 325.00
	165 Calle Jacaranda, Brownsville, Texas	78520	Check if travel outside of Texas. Complete Schedule T.
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Retail	TOD HEDOIAL	Self	
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribu	rtor'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)	<u> </u>	
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ , description
2/4/2016	Itzel Alvarez		•
2/4/2010	Contributor address; City; State; Zip Coo	de	\$450.00
	1618 Las Canas, Brownsville, Texas 7852	20 Í	Check if travel outside of Texas, Complete Schedule T.
Principal occu Event Plann	ipation / Job title (FOR NON-JUDICIAL) (See Instructions) ier/Designer		r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDUL	.E AS NEEDED
16	manifered on in order of state DRO alleges are instanced.		JPM

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

#### 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 \$ 5 Date 6 Full name of pledgor out-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. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor \_\_\_ out-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 \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. 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.

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED LOANS 20,000.00 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_ 2/2/2016 10 Interest rate 6 is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 805 Media Luna, Ste. 300, Brownsville, Tx 78520 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Trevino & Bodden Attorney 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) **X** none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#:\_\_ Interest rate City; State; Zip Code Is lender Lender address; a financial Institution? Maturity date Υ Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Eddie Trevino, Jr. 1/23/2016 Smart Marketing 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 1,075.00 30 Providencia Ct., Brownsville, Texas 78526 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Social Media, Political Advertising EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/25/2016 Maria De Leon City; State; Zip Code Amount (\$) Payee address; \$ 400.00 2800 FM 802, Apt 1033, Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/25/2016 Johnny Cavazos Payee address; City; State; Zip Code Amount (\$) 1168 Squaw Valley Dr., Brownsville, Texas 78520 \$778.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertising, signs Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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/Objectedder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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
Cittor (on the content of the content

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2016	5 Payee name Voter's Voice RGV Magazine		
6 Amount (\$)	7 Payee address; City; State; Zlp Code		
\$ 600.00	110 Regency Ct., Harlingen, Texas		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.
PURPOSE OF		l — .	n, TX, officeholder living expense
EXPENDITURE	Advertising Expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/28/2016	Cobbleheads		
Amount (\$)	Payee address; City; State; Zlp Code		
\$ 980.36	3154 Central Blvd., Brownsville, Tex	xas 78520	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		I ("""")	iside of Texas. Complete Schedule T,
EXPENDITURE	Event expense	E Check it Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/2/2016	Breeden McCumber		
Amount (\$)	Payee address; City; State; Zip Code		
\$19,270.00	P.O. Box 5686, Brownsville, Texas 7	78520	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		[]	side of Texas. Complete Schedule T,
EXPENDITURE		L Check if Austin,	TX, afficeholder living expense
	Advertising & Political Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Eddie Trevino, Jr. 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2/6/2016 Rick Longoria 6 Amount (\$) 7 Payee address; City; State; Zlp Code \$500.00 Brownsville, Texas (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 Event/music expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 2/6/2016 Steak & Fork Amount (\$) Payee address; City; State; Zip Code \$1,455.95 <u>1425 Ruben Torres, Brownsville, Texas 78520</u> Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Get out the Vote event Food & Drinks OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expanditure to benefit C/OH Date Pavee name 2/11/2016 Flor Estela Vasquez Amount (\$) Payee address; City; State; Zip Code \$500.00 34349 FM 732, San Benito, Texas Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. Trail ride food & entertainment Check if Austin, TX, officeholder living expense EXPENDITURE expenses Candidate / Officeholder name Complete ONLY if direct 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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Eddie Trevino, Jr. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 2/11/2016 5 Payee name Dann Rivera 6 Amount (\$) 7 Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526 \$ 1,800.00 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Phone Banking Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/15/2016 Grafik Spot Amount (\$) Payee address: City; State; Zip Code \$ 546.66 74 S. Price Rd., Brownsville, Texas 78520 Category (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder fiving expense Advertising, signs Candidate / Officeholder name Office sought Complete ONLY If direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Gift/Awards/Memorials Expense	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
•	_	Cities (Cities a dateger) Fier listed above,			
FILER NAME		3 Filer ID (Ethics Commission Filers)			
ED UNPAID INCURRED OBLI	GATIONS	\$			
Payee name					
Payee address; City; State;	Zip Code				
Political	Non-Political				
Category (See Categories listed at the top of It	nis schedule) (b) Descript	ion			
	Check	s if travel outside of Texas, Complete Schedule T,			
	Chec	k if Austin, TX, officeholder living expense			
11 Complete ONLY if direct					
Payee name					
Payee address; City; State;	Zip Code				
Political	Non-Political				
Category (See Categories listed at the top of the	I P				
		rif travel outside of Texas. Complete Schedule T.			
	Chec	k 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					
	The Instruction Guide explain FILER NAME  ED UNPAID INCURRED OBLIT Payee name  Payee address; City; State;  Category (See Categories listed at the top of the Candidate / Officeholder name)  Payee address; City; State;  Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Candidate / Officeholder name)	mittee Egal Services Printing Expense Egal Services Salarias/Auges/Contract Labor The Instruction Guide explains how to complete this form.  FILER NAME  ED UNPAID INCURRED OBLIGATIONS  Payee name  Payee address; City; State; Zip Code    Political			

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

TI	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; City	 y;			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	· · · · · · · · · · · · · · · · · · ·		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## SCHEDULE F4

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

Advertising Expense Accounting/Banking \*

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr.
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 1/27/2016	6 Payee name Facebook
7 Amount (\$)	8 Payee address; City; State; Zip Code
\$ 500.27	Menglo Park, CA
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Social Media
expenditure to benefit C/O	Payee name
1/28/2016	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$ 274.40	Brownsville, Texas 78520
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Consulting 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages, Schedule F4: Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 1/31/2016 Facebook 8 Payee address; City; State; Zip Code 7 Amount (\$) \$295.13 Menglo Park, CA 9 TYPE OF Non-Political Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Social Media Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date 2/7/2016 Facebook Amount (\$) Payee address; City; State; Zip Code <u>Menglo Park, CA</u> \$750.66 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Social Media Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundralsing Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Consulting Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Contributions/Donations Made By Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Polltical Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: Eddie Trevino, Jr. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date 2/8/2016 USPS 8 Payee address; City; State; Zip Code 7 Amount (\$) \$ 156.80 Olmito TYPE OF Non-Political Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Expense 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 2/12/2016 Facebook Amount (\$) Payee address; Clty; State; Zip Code \$750.24 Menglo Park, CA TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Social Media OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Relmbursement Advertising Expense Accounting/Banking Office Overhead/Rental Expanse Food/Beverage Expense Polling Expense Travel in District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. 2 FILERNAME Eddie Trevino, Jr. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 2/16/2016 Facebook City; State; Zip Code 8 Payee address; 7 Amount (\$) Menglo Park, CA \$754.79 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Social Media 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) \_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense

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Office sought

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

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

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above)  c complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date	5 Payee name	<u>'</u>			
6 Amount (\$)  Reimbursement from political contributions	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder пате DH	Office sought Office held			
Date	Payee name				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	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			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	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			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
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)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting/barking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politic		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out of District Other (enter a category not listed above)		
Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	<b>7</b> 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 o	of Texas. Complete Schedule T. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zi	ip Code			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this so	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Z	p Code			
PURPOSE OF EXPENDITURE	Category (See Categorles listed at the top of this so	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ⊣	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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.)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

The	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	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				
	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 Commis	sion Filers)	
4 Name of Contributor	/ Corporation	or Labor C	Prganization / Pledgor /	Payee	·	
5 Contribution / Expend	liture reported	1 on:				
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	1	edule F4	∐ Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling					
	8 Departu	re city or n	ame of departure locati	ion		
	9 Destinat	ion city or	name of destination loc	cation		
10 Means of transportat	10 Means of transportation   11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	/ Corporation	or Labor C	Prganization / Pledgor /	Payee		
Contribution / Expend	diture reported	í 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						
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	d 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					
	Destination city or name of destination location					
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)				
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 this form Complete only if "Report Type" on page 1 is marked "Final Report"					
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	ATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	n 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 income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to			
		Sig	nature 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 officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Sigr	nature of Officeholder			