

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: <div style="font-size: 2em; text-align: center;">57</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ediberto J <small>NICKNAME LAST SUFFIX</small> Eddie Trevino, Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION MAY 16 2016 4:51pm RECEIVED Date Hand-delivered or Date Postmarked 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 805 Media Luna, Ste. 300, Brownsville, Texas 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 554-0683		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Evangelina <small>NICKNAME LAST SUFFIX</small> Trevino	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1552 Palm Blvd., Ste 8, Brownsville, Texas 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 542-7160		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 21 / 2016 THROUGH 5 / 14 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 5 / 24 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cameron County Judge	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

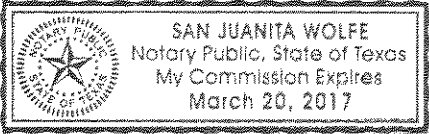
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

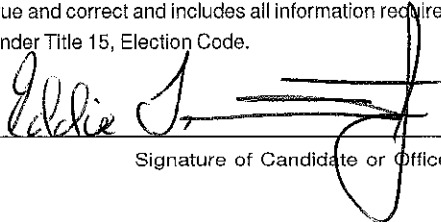
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 86,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 109,568.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,998.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 140,000.00

18 AFFIDAVIT

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 Title 15, Election Code.

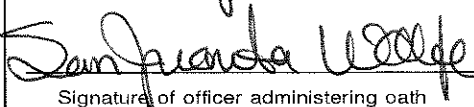


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eddie Trevino, Jr, this the 16th day of May, 20 16, to certify which, witness my hand and seal of office.



Signature of officer administering oath

San Juanita Wolfe

Printed name of officer administering oath

Legal Assistant

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Eddie Trevino, Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 86,200.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 20,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 109,568.18
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,524.38
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

22

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
2/22/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Carol & Errol Grannum

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
27691 Bass Blvd., Harlingen, Texas 78552

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
John E. ODonnell

Amount of contribution (\$)

2/23/2016

Contributor address; City; State; Zip Code
4822 Davenport St., N.W., Washington, DC 20016

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Larry M. Polsky

Amount of contribution (\$)

2/29/2016

Contributor address; City; State; Zip Code
5508 Padre Blvd., South Padre Island, Tx. 78597

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

Full name of contributor out-of-state PAC (ID#: _____)
Margie Alvarez

Amount of contribution (\$)

2/29/2016

Contributor address; City; State; Zip Code
1603 East Price, Brownsville, Tx 78521

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Teacher

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

22

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

2/29/2016

5 Full name of contributor

Brian Godinez

out-of-state PAC (ID#: _____)

6 Contributor address: City: State: Zip Code

300 South 8th St., McAllen, Tx. 78501

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

Marketing

9 Employer (See Instructions)

Gabriel Communications, LLC

Date

3/1/2016

Full name of contributor

Joe D. Zayas, DDS

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

555 Boca Chica, Brownsville, Tx 78520

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Self

Date

3/1/2016

Full name of contributor

Vicente Mendez

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

1920 Westminster Rd., Brownsville, Tx 78521

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Ambiotec

Date

3/1/2016

Full name of contributor

James R. Fisher, III

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

5420 LBJ Freeway, Ste. 1355, Dallas, Tx 75240

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Naples Investment Company

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Ruben M. Torres

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
701 Morelos Ave., Rancho Viejo, Tx. 78575

\$ 500.00

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
Self

Date
3/3/2016

Full name of contributor out-of-state PAC (ID#: _____)
Bill Best

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO Box3148, South Padre Island, Tx 78597

\$ 100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
JoAnn Cummin & H. Keith Cummins

Amount of contribution (\$)

3/3/2016

Contributor address; City; State; Zip Code
25 Palo Alto, Dr., Brownsville, Texas 78521

\$ 100.00

Principal occupation / Job title (See Instructions)

Realtors

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/4/2016

Contributor address; City; State; Zip Code
Romeo Esparza, Jr.

\$ 300.00

4242 Old Port Isabel, Brownsville, TX. 78521

Principal occupation / Job title (See Instructions)

Self Employed- Agriculture

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
3/10/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
James R. Fisher, III

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5420 LBJ Freeway, Ste. 1355, Dallas, Tx 75240

\$ 5,000.00

8 Principal occupation / Job title (See Instructions)

Investor

9 Employer (See Instructions)

Naples Investment Company

Date

3/10/2016

Full name of contributor out-of-state PAC (ID#: _____)

Ramiro Gonzalez, Jr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

26902 N. Sam Houston, San Benito, Tx 78586

\$ 500.00

Principal occupation / Job title (See Instructions)
Self Employed, Business Owner

Employer (See Instructions)

Date

3/10/2016

Full name of contributor out-of-state PAC (ID#: _____)

Norton Rose Fulbright US LLP Texas Committee

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1301 McKinney, Ste. 5100, Houston, Tx 77010

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

3/10/2016

Full name of contributor out-of-state PAC (ID#: _____)

Carlos Marin

Amount of contribution (\$)

Contributor address; City; State; Zip Code

295 Calle Jacaranda, Brownsville, Tx 78520

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Ambiotec

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/2016

5 Full name of contributor

Mike McLelland

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

P.O. Box 2728, Harlingen, Tx., 78551

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Date

3/29/2016

Full name of contributor

Davidson Troilo Ream & Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

601 NW Loop 410, #100, San Antonio, Tx. 78216

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

3/29/2016

Full name of contributor

William PC Hudson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

2335 Hudson Blvd., Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Real Estate Sales & Development

Employer (See Instructions)

Self

Date

3/24/2016

Full name of contributor

L. Hollmann

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 400.00

Contributor address; City; State; Zip Code

327 W. St. Charles, Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/2016

5 Full name of contributor

Edwin N. Fulghum, III

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

5707 Mystic Ben, Brownsville, TX 78526

8 Principal occupation / Job title (See Instructions)

Real Estate- Title Company

9 Employer (See Instructions)

Date

4/3/2016

Full name of contributor

Luis A. Figueroa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

1818 Northgate, McAllen, Tx. 78504

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Date

4/4/2016

Full name of contributor

Stephen R. Sheldon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

2012 W. Main, Houston, Tx. 77098

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/4/2016

Full name of contributor

Val C. Carter & John A. Carter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

2223 University Blvd., Houston, Tx 77030

Principal occupation / Job title (See Instructions)

Engineer

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/6/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Larry Mark Polsky

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5508 Padre Blvd., South Padre Island, Tx 78597

\$ 3,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

4/5/2016

Full name of contributor out-of-state PAC (ID#: _____)

Katherine & Jon James Tristan Maldonado

Amount of contribution (\$)

Contributor address; City; State; Zip Code

123 Allensworth St., San Antonio, Tx 78209

\$ 5,000.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/5/2016

Full name of contributor out-of-state PAC (ID#: _____)

Ofelia Rivera

Amount of contribution (\$)

Contributor address; City; State; Zip Code

PO Box 5868, Brownsville, Tx 78520

\$ 500.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

4/6/2016

Full name of contributor out-of-state PAC (ID#: _____)

Eric Barron

Amount of contribution (\$)

Contributor address; City; State; Zip Code

245 Calle Jacranda, Brownsville, Texas 78520

\$ 200.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/2016

5 Full name of contributor

Rafael Vela

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

1264 Lantana Ln., Brownsville, Tx 78520

8 Principal occupation / Job title (See Instructions)

Pharmaceutical Sales

9 Employer (See Instructions)

Date

3/24/2016

Full name of contributor

Kelly R. Crawford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

11025 Foxbriar, Beaumont, Tx 77705

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/4/2016

Full name of contributor

TREPAC/Texas Association of Realtors

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

P.O. Box 2246, Austin, Tx 78768

Principal occupation / Job title (See Instructions)

Realtors

Employer (See Instructions)

Date

4/4/2016

Full name of contributor

M.R. Villarreal

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.00

Contributor address; City; State; Zip Code

501 Santa Ana, Rancho Viejo, Tx 78575

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/2016

5 Full name of contributor

Frank Russell

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

2848 State Hwy 100, Los Fresnos, Tx. 78566

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

Self-Employed, Agriculture

9 Employer (See Instructions)

Date

4/11/2016

Full name of contributor

Bitty Truan

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

275 Jose Marti Blvd., St. D, Brownsville, TX 78526

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self

Date

4/11/2016

Full name of contributor

Marion R. Lawler

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

805 Media Luna 620, Brownsville, Tx 78520

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

4/11/2016

Full name of contributor

Humberto Zamora

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1014 East Harrison, Harlingen, Tx. 78550

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Self-Employed, Investor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/2016

5 Full name of contributor

Kelton Averyt

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address; City; State; Zip Code

605 Escandon, Rancho Viejo, Tx 78575

8 Principal occupation / Job title (See Instructions)

Software Engineer

9 Employer (See Instructions)

Date

4/11/2016

Full name of contributor

Jairo L. Mercado, M.D., PA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

201 Resaca Point Rd., Brownsville, Tx 78526

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

Date

4/11/2016

Full name of contributor

Mario R. Villarreal

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300.00

Contributor address; City; State; Zip Code

700 E. Levee St., Ste 201, Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Self-Employed, Business Owner

Employer (See Instructions)

Date

4/12/2016

Full name of contributor

Lillian Kim

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

5806 Acacia, Harlingen, Tx 78552

Principal occupation / Job title (See Instructions)

Business owner

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID: (Ethics Commission Filers)

4 Date

4/12/2016

5 Full name of contributor

Charles Isbell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address: City: State; Zip Code

1641 Resaca Village, Brownsville Tx 78521

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self

Date

4/13/2016

Full name of contributor

Richard WM Wolfe, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address: City: State; Zip Code

267 Creekbend Dr., Brownsville, Tx, 78521

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/13/2016

Full name of contributor

Jose A. Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address: City: State; Zip Code

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

4/13/2016

Full name of contributor

Hales Bradford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address: City: State; Zip Code

855 W. Price, Rd., Ste 25, Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Accountants

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/2016

5 Full name of contributor

out-of-state PAC (ID#: _____)

Marketing by Mindshare, Inc.

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

City; State; Zip Code

701 De Leon Ave, Rancho Viejo, Tx 78575

8 Principal occupation / Job title (See Instructions)

Marketing

9 Employer (See Instructions)

Date

4/13/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Tipton

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

701 Santa Ana Ave, Rancho Viejo, Tx 78575

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

4/13/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Ricard A. Ortiz

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1465 Mesquite Grv, Brownsville Tx 78520

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self

Date

4/13/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Wesley Reed

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

77 McLelland Blvd, Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Insurance Agent

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/2016

5 Full name of contributor

Michael Dean Conner

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

159 S. Nueces Park Ln, Brownsville, Tx 78552

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

4/15/2016

Full name of contributor

Carlos E. Varela

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

104 W. Ringgold, Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

4/15/2016

Full name of contributor

Richard Zayas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

3100 E. 14th St., Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

4/15/2016

Full name of contributor

Luis Carlos De La Rosa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

2114 Old Port Isabel Rd., Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Bookkeeping Services

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2016

5 Full name of contributor

out-of-state PAC (ID#: _____)

Smith Murdaugh Little & Bonham LLP

6 Contributor address:

City: State: Zip Code

2727 Allen Parkway, Ste 1100, Houston, Tx 77019

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date

4/15/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Esparza & Garza

Contributor address:

City: State: Zip Code

964 E. Los Ebanos Blvd., Brownsville, Tx 78520

Amount of contribution (\$)

\$ 1,500.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

4/15/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Sylvia Lopez

Contributor address:

City: State: Zip Code

2 Conquistador Dr., Brownsville, Tx 78520

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

4/15/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Paul Radich

Contributor address:

City: State: Zip Code

P.O. Box 1826, Johnson City, Tx 78636

Amount of contribution (\$)

\$ 750.00

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2016

5 Full name of contributor
William Conner

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
29229 Escondido, Rancho Viejo, Tx. 78575

\$ 300.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/15/2016

S. Scott Pajeski

Contributor address; City; State; Zip Code

1 Pizarro Ave, Rancho Viejo, Tx 78575

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Dentist

Self

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/15/2016

Joe D. Zayas, DDS

Contributor address; City; State; Zip Code

616 Escandon, Rancho Viejo, Tx 78575

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

4/15/2016

Patience R. Nelson

Contributor address; City; State; Zip Code

34065 FM 2925, Arroyo City, Tx, 78583

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Roberto B. Robles

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
405 Owens Rd, Brownsville, Tx 78521

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

Date
4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
Ninfa Lopez

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7 Conquistador St., Brownsville, Tx 78520

\$ 200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date
4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
Erick & Judith Lucio

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3 Cortez, Rancho Viejo, Tx 78575

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date
4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
Humberto Rodriguez

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1908 N. 34th St., McAllen Tx 78501

\$250.00

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

ROFA Architects

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2016

5 Full name of contributor

Manuel Hinojosa

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

1846 N. Shore Dr., Port Isabel Tx, 78578

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

ROFA Architects

Date

4/15/2016

Full name of contributor

Michael Allex

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

5309 Hurd Ct., Harlingen, Tx 78552

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

ROFA Architects

Date

4/15/2016

Full name of contributor

Luis Figueroa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1818 Northgate, McAllen, Tx 78504

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

ROFA Architects

Date

4/15/2016

Full name of contributor

William Bradley Wolfe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

2012 Palm Blvd., Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Business Owner

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Mary Parra Garza

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
304 Palo Verde Dr., Brownsville, Tx 78521

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date
4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Rick Wickett

Contributor address; City; State; Zip Code

4995 Lakeway Dr., Brownsville, Tx. 78520

\$ 200.00

Principal occupation / Job title (See Instructions)

Business Broker

Employer (See Instructions)

Date
4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Peter J. Harris

Contributor address; City; State; Zip Code

24 Casa De Palmas, Brownsville, Tx 78521

\$ 200.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date
4/12/2016

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Ruben M. Torres

Contributor address; City; State; Zip Code

701 Morelos Ave, Rancho Viejo, Tx 78575

\$ 500.00

Principal occupation / Job title (See Instructions)

Physician

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/16/2016

5 Full name of contributor out-of-state PAC (ID#: _____)

Michael F. Scaief

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

PO Box 1064, San Benito, Texas 78586

\$ 300.00

8 Principal occupation / Job title (See Instructions)
Investor /Banking

9 Employer (See Instructions)

Date

4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)

Christina Achleitner & Patrick Hettler

Amount of contribution (\$)

Contributor address; City; State; Zip Code

535 Paredes Line, Rd., Brownsville, Tx 78521

\$ 200.00

Principal occupation / Job title (See Instructions)

Physical Rehabilitation Services

Employer (See Instructions)

Date

4/18/2016

Full name of contributor out-of-state PAC (ID#: _____)

Rafael Chacon

Amount of contribution (\$)

Contributor address; City; State; Zip Code

7097 N. Expressway 77 Ste. 7, Olmito, Tx 78575

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Date

4/29/2016

Full name of contributor out-of-state PAC (ID#: _____)

Livermore Hospitality LLC

Amount of contribution (\$)

Contributor address; City; State; Zip Code

3759 N. Expressway, Brownsville, Tx 78520

\$ 2,000.00

Principal occupation / Job title (See Instructions)

Investor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/2016

5 Full name of contributor

Kevin R. Smith

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

5311 Tennington Park, Dallas, Tx 75287

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/2016

Full name of contributor

Darrell W. Bevelhymmer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

6910 Sanctuary Heights Fort Worth, Texas 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2016

Full name of contributor

Florencia Apartments LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

15727 Mission Crst, San Antonio, Tx 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Housing

Date

5/3/2016

Full name of contributor

Ricco Rene Holloway

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

2100 W. San Marcelo 136, Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

COO

IES

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **22**

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
4/30/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Smith Murdaugh Little & Bonham LLP

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2727 Allen Parkway, Ste 1100, Houston, Tx 77019

\$250.00

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date
5/4/2016

Full name of contributor out-of-state PAC (ID#: _____)
Davidson Troilo Ream & Garza

Amount of contribution (\$)

Contributor address; City; State; Zip Code
601 NW Loop 410 #100, San Antonio, Tx 78216

\$ 5,000.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

5/4/2016

Full name of contributor out-of-state PAC (ID#: _____)

Asim Zamir, MD

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2100 W. San Marcelo, Blvd, #240, Brownsville, Tx 78521

\$ 500.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

Date

4/15/2016

Full name of contributor out-of-state PAC (ID#: _____)

Carlos Marin

Amount of contribution (\$)

Contributor address; City; State; Zip Code

295 Calle Jacaranda, Brownsville, Tx 78520

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Engineer

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 22

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/2016

5 Full name of contributor

Ruben Gallegos, Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

594 Jose Marti Blvd., Brownsville, Tx., 78526

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

IES

Date

5/5/2016

Full name of contributor

Rollin M. Koppel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

P.O. Box. 271, Harlingen, Tx 78551

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5/11/2016

Full name of contributor

Linebarger Goggan Blair & Sampson LLP

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,500.00

Contributor address; City; State; Zip Code

P.O. Box 17428, Austin, Tx 78760

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

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

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 OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 20,000.00
5 Date of loan 5/10/2016	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Trevino, Jr.	9 Loan Amount (\$)
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 805 Media Luna, Ste. 300, Brownsville, Tx 78520	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Trevino & Bodden
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (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
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 2/24/2016	5 Payee name Smart Marketing
----------------------------	--

6 Amount (\$) \$4,038.00	7 Payee address; City; State; Zip Code 30 Providencia Ct., Brownsville, Texas 78526
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/29/2016	Payee name Dann Rivera
--------------------------	----------------------------------

Amount (\$) \$300.00	Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/1/2016	Payee name Rick Longoria
-------------------------	------------------------------------

Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 2928 Impala Brownsville, Texas 78520
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event/Music expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/2/2016	5 Payee name Breeden McCumber
---------------------------	---

6 Amount (\$) \$3,126.73	7 Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/3/2016	Payee name Lucio Leal
-------------------------	---------------------------------

Amount (\$) \$ 150.00	Payee address; City; State; Zip Code 2801 Bean Rd., San Benito, Texas 78586
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor/Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/3/2016	Payee name Dora Torres
-------------------------	----------------------------------

Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 43 Calgary Ct., Brownsville, Texas 78526
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor/Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/7/2016	5 Payee name St. Joseph Academy
---------------------------	---

6 Amount (\$) \$ 300.00	7 Payee address; City; State; Zip Code 101 Saint Joseph Drive, Brownsville, Texas 78520
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Sponsor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/7/2016	Payee name St. Mary's
-------------------------	---------------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 1300 E. Los Ebanos, Brownsville, Texas 78520
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/11/2016	Payee name Breeden McCumber
--------------------------	---------------------------------------

Amount (\$) \$1,128.59	Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/15/2016	5 Payee name Smart Marketing
----------------------------	--

6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 30 Providencia Ct., Brownsville, Texas 78526
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/16/2016	Payee name Maria De Leon
--------------------------	------------------------------------

Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 3032 Resaca Vista Drive, Brownsville, Texas 78526
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/18/2016	Payee name Ismael Lozano
--------------------------	------------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code Brownsville, Texas
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BBO Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: <i>18</i>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2016	5 Payee name Home Depot	
6 Amount (\$) \$1,463.54	7 Payee address; City; State; Zip Code 605 W. Morrison Rd., Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Steel T-Posts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/22/2016	Payee name Juan Torres	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 43 Calgary Ct., Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Contract Labor Signs (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/28/2016	Payee name Beach & Biker Fest 2016	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code P.O. Box 530823, Harlingen, Texas 78553	
PURPOSE OF EXPENDITURE	Ad Sponsor (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/29/2016	5 Payee name Breeden McCumber
----------------------------	---

6 Amount (\$) \$1,139.87	7 Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520
------------------------------------	--

8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/30/2016	Payee name Alfonso Paredes
--------------------------	--------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Trail Ride Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/30/2016	Payee name Brownsville Museum of Fine Arts
--------------------------	--

Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 660 E. Ringgold, Brownsville, Texas
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In-District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 3/30/2016	5 Payee name San Pedro Catholic Church
----------------------------	--

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 7602 Old Military Hwy
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/31/2016	Payee name My World Publicity
--------------------------	---

Amount (\$) \$86.60	Payee address; City; State; Zip Code 1725 E. Price Rd., Brownsville, Texas 78520
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsor- Tickets Yturria Chess Team	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/5/2016	Payee name Leslis Gower
-------------------------	-----------------------------------

Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1401 E. Griffen Parkway, Mission, Texas 78572
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 4/4/2016	5 Payee name Juan Torres
---------------------------	------------------------------------

6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 43 Calgary Ct., Brownsville, Texas 78526
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor/Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/5/2016	Payee name Smart Marketing
-------------------------	--------------------------------------

Amount (\$) \$1,300.00	Payee address; City; State; Zip Code 30 Providencia Ct., Brownsville, Texas 78526
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/6/2016	Payee name Breeden McCumber
-------------------------	---------------------------------------

Amount (\$) \$7,740.91	Payee address; City; State; Zip Code P.O. Box 5686, Brownsville, Texas 78520
----------------------------------	--

PURPOSE OF EXPENDITURE	Advertising & Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2016	5 Payee name The Grafik Spot	
6 Amount (\$) \$ 5,331.69	7 Payee address; City; State; Zip Code 1265 N. Expressway, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) Advertising, Signs	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Date	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Date	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Date	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Date	Office sought	
Date	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2016	5 Payee name Family Crisis Center	
6 Amount (\$) \$ 100.00	7 Payee address; City; State; Zip Code 616 W. Taylor, Harlingen, Texas 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/13/2016	Payee name The Shepard Group	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 16584 FM 498, Lyford, Tx 78569	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/13/2016	Payee name Temple Beth-El	
Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 24 Coveway Drive, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: <i>18</i>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 4/14/2016	5 Payee name Juan Torres				
6 Amount (\$) \$ 1,200.00	7 Payee address; City; State; Zip Code 43 Calgary Ct., Brownsville, Texas 78526				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor/Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/15/2016	Payee name Breeden McCumber				
Amount (\$) \$2,673.21	Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/15/2016	Payee name Leslie Gower				
Amount (\$) \$529.70	Payee address; City; State; Zip Code 1401 E. Griffen, Mission Texas				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: <i>1 P</i>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 4/19/2016	5 Payee name Salvado Molar				
6 Amount (\$) \$ 265.00	7 Payee address; City; State; Zip Code 5082 Camelia St., Brownsville, Texas 78521				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising, T-Shirts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/20/2016	Payee name Voter's Voice RGV Magazine				
Amount (\$) \$ 1,200.00	Payee address; City; State; Zip Code 110 Regency Ct., Harlingen, Texas 78520				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/20/2016	Payee name St. Luke Catholic School				
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 2850 Price Rd., Brownsville, Texas 78520				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:17%;">Office sought</td> <td style="width:17%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2016	5 Payee name Leslie Gower	
6 Amount (\$) \$ 1,964.50	7 Payee address; City; State; Zip Code 1401 E. Griffen Prk, Mission, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/22/2016	Payee name Breeden McCumber	
Amount (\$) \$2,603.50	Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/23/2016	Payee name Beef O'Brady's	
Amount (\$) \$ 321.66	Payee address; City; State; Zip Code 3457 Old Hwy 77, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Lunch for Block walkers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4/27/2016	5 Payee name Dann Rivera	
6 Amount (\$) \$ 1,200.00	7 Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/29/2016	Payee name Leslie Gower	
Amount (\$) \$ 3,191.70	Payee address; City; State; Zip Code 1401 E. Griffen, Mission Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/29/2016	Payee name Breeden McCumber	
Amount (\$) \$ 11,055.81	Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: <i>18</i>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 4/29/2016	5 Payee name Juan Torres				
6 Amount (\$) \$ 1,200.00	7 Payee address; City; State; Zip Code 43 Calgary Ct., Brownsville, Texas 78526				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor/Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 5/6/2016	Payee name Smart Marketing				
Amount (\$) \$ 950.00	Payee address; City; State; Zip Code 30 Providencia Ct., Brownsville Texas 78526				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 5/3/2016	Payee name Salvador Molar				
Amount (\$) \$564.98	Payee address; City; State; Zip Code 5082 Camellia, St., Brownsville, Texas 78521				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising-T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: <i>12</i>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2016	5 Payee name Breeden McCumber	
6 Amount (\$) \$ 1,723.72	7 Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/5/2016	Payee name Marketing by Mindshare, Inc.	
Amount (\$) \$ 10,550.00	Payee address; City; State; Zip Code 355 W Elizabeth St, Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising -Commercial	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/5/2016	Payee name Leslie Gower	
Amount (\$) \$703.20	Payee address; City; State; Zip Code 1401 E. Griffen, Mission Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone banking	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 5/10/2016	5 Payee name Breeden McCumber
----------------------------	---

6 Amount (\$) \$ 20,000.00	7 Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 5/11/2016	Payee name Dann Rivera
--------------------------	----------------------------------

Amount (\$) \$ 1,200.00	Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 5/13/2016	Payee name Breeden McCumber
--------------------------	---------------------------------------

Amount (\$) \$ 11,141.85	Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520
------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising, Political Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| 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: 18	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 5/13/2016	5 Payee name Maria De Leon
----------------------------	--------------------------------------

6 Amount (\$) \$ 200.00	7 Payee address; City; State; Zip Code 3032 Resaca Vista Dr., Brownsville, Texas 78526
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
---	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 2/28/2016	6 Payee name Facebook
----------------------------	---------------------------------

7 Amount (\$) \$ 759.09	8 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park California 94025
-----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/8/2016	Payee name Facebook
-------------------------	-------------------------------

Amount (\$) \$ 753.14	Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, California 94025
---------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule F4: <u>3</u>	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 3/17/2016	6 Payee name The Grafik Spot	
7 Amount (\$) \$ 2,760.00	8 Payee address; City; State; Zip Code 1265 N. Expressway, Brownsville, Texas 78520	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising, Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/11/2016	Payee name Facebook	
Amount (\$) \$ 750.99	Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, California 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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.

1 Total pages Schedule F4: 3	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 4/18/2016	6 Payee name Facebook
---------------------	--------------------------

7 Amount (\$) \$ 750.99	8 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, California 94025
----------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/25/2016	Payee name Facebook
-------------------	------------------------

Amount (\$) \$ 750.17	Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, California 94025
--------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

6,524.38

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS 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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / 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 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 Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> 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 Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)	

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 NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder