#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Ediberto Mr. Date Received NICKNAME SUFFIX **CAMERON COUNTY** Eddie Trevino, Jr. DEPARTMENT OF ELECTIONS & ADDRESS / PO BOX; 4 CANDIDATE/ APT / SUITE #; ZIP CODE **VOTER REGISTRATION OFFICEHOLDER** MAY 1 6 2016 4 51 PM MAILING **ADDRESS** 805 Media Luna, Ste. 300, Brownsville, Texas 78520 Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** Bate Hand-de (956) PHONE 554-0683 MS / MRS / MR Receipt # 6 CAMPAIGN Amount \$ **TREASURER** Mrs. Evangelina Date Processed NAME NICKNAME SHEEK Date Imaged <u>Trevino</u> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE STATE: 7 CAMPAIGN **TREASURER ADDRESS** 1552 Palm Blvd., Ste 8, Brownsville, Texas 78520 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE 956 542-7160 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded \$500 limit July 15 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month COVERED 14 /2016 21/ 2016 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Description 5 / 24 /2016 General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Cameron County Judge

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	2. TOTAL (OTHER	\$ 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.    Notary Public, State of Texas My Commission Expires March 20, 2017						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said <u>Fadre Trevino, Tr</u> , this the <u>lath</u>						
day of NAY, 20 10, to certify which, witness my hand and seal of office.						
5 Shanda 11800da < T 1 1100100 1 1 decided						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)				
Edd	Eddie Trevino, Jr.					
21	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<sup>\$</sup> 86,200.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	;	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$ 20,000.00			
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 109,568.18			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6,524.38			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBI RETURNED TO FILER	JTIONS	\$			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#:\_ 2/22/2016 Carol & Errol Grannum 6 Contributor address: City; State: Zip Code \$ 200.00 27691 Bass Blvd., Harlingen, Texas 78552 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) John E. ODonnell 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) Employer (See Instructions) Attorney Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$). 2/29/2016 Larry M. Polsky, , Contributor address; City: State; Zip Code \$ 500.00 5508 Padre Blvd., South Padre Island, Tx. 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Margie Alvarez 2/292016 Contributor address: City; State; Zip Code \$ 1,000.00 1603 East Price, Brownsville, Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher 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

Th	e instruction Guide explains how to complete thi	ls form,	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers
ddie Trevir	ıo, Jr.		
4 Date	5 Full name of contributor	AC (IO#:)	7 Amount of contribution (\$)
2/29/2016	Brian Godinez 6 Contributor address: City; State	\$ 1,000.00	
	300 South 8th St., McAllen, Tx. 785	501	φ 1,000.00
3 Principal occu	- pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Marketing		Gabriel Co	mmunications, LLC
Date	Full name of contributor   qut-of-state PAC	Ó (ID#:)	Amount of contribution (\$)
/1/2016	Joe D. Zayas, DDS Contributor address; City; State	e; Zîp Code	<b>4.500.00</b>
	555 Boca Chica, Brownsville, Tx 78	520	\$ 500.00
Principal occup	alion / Job title (See Instructions)	Employer (See Instruc	l Itiqns)
Dentist		Self	
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/1/2016	Vicente Mendez  Contributor address; City; State	; Zip Code	
	1920 Westminster Rd., Brownsville,		\$ 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
ngineer		Ambiotec	
Date	Full name of contributor out-of-state_PAC	; {ID#:	Amount of contribution (\$)
	James R. Fisher, III	: Zîp Code	
/1/2016	Contributor address; City; State		
/1/2016	5420 LBJ Freeway, Ste. 1355, Dalla	as, Tx 75240	\$ 2,500.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (10#:\_\_\_ 3/1/2016 Ruben M. Torres 6 Contributor address; City; State; Zip Code 701 Morelos Ave., Rancho Viejo, Tx. 78575 \$ 500.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Physician** Self Full name of contributor Out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 3/3/2016 Bill Best Contributor address; City: State; Zip Code PO Box3148, South Padre Island, Tx 78597 \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Jour-of-state PAC (ID#) JOAnn Cummin & H. Keith Cummins Date Amount of contribution (\$) 25 Palo Alto, Dr., Brownsville, Texas 78521 3/3/2016 \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtors Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$ 300.00 Romeo Esparza, Jr. 3/4/2016 City; State; Zip Code 4242 Old Port Isabel, Brownsville, TX. 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed- Agriculture ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule: A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 3/10/2016 James R. Fisher, III 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) 9 Employer (See Instructions) Naples Investment Company Investor Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) 3/10/2016 Ramiro Gonzalez, Jr. Contributor address; City; State; Zip Code \$ 500.00 26902 N. Sam Houston, San Benito, Tx 78586 Self Employed, Business Owner Employer (See Instructions) Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) Norton Rose Fulbright US LLP Texas Committee Contributor address; City; State; Zip Code 3/10/2016 1301 McKinney, Ste. 5100, Houston, Tx 77010 \$ 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Full name of contributor Carlos Marin Date Amount of contribution (\$) out-of-state PAC (ID#:\_ Contributor address: City; State: Zio Code 295 Calle Jacaranda, Brownsville, Tx 78520 3/10/2016 \$1,000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) <u>Engineer</u> <u>Ambiotec</u> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. O O 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Mike McLelland 6 Contributor address; 3/23/2016 City; State; Zip Code P.O. Box 2728, Harlingen, Tx., 78551 \$200.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) CPA Full name of contributor ut-of-state PAC (ID#: Date Amount of cointribution (\$) Davidson Troilo Ream & Garza 3/29/2016 State: Zip Code \$5,000.00 601 NW Loop 410, #100, San Antonio, Tx. 78216 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Full name of contributor Date ut-of-state PAC (ID#:\_\_ Amount of contribution (\$) William PC Hudson 3/29/2016 Contributor address: City; State; Zip Code 2335 Hudson Blvd., Brownsville, TX 78526 \$ 1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Sales & Development Self Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_ L. Hollmann 3/24/2016 Contributor address: City; State; Zip Code \$ 400.00 327 W. St. Charles, Brownsville, Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) **CPA** Self ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) aut-of-state PAC (ID#:\_\_\_\_ Edwin N. Fulghum, III 3/28/2016 6 Contributor address; City: State: Zip Code 5707 Mystic Ben, Brownsville, TX 78526 \$ 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Real Estate- Title Company Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Luis A. Figueroa 4/3/2016 Contributor address; City: State: Zip Code \$ 1,000.00 1818 Northgate, McAllen, Tx. 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Stephen R. Sheldon 4/4/2016 Contributor address; City; State; Zip Code \$5,000.00 2012 W. Main, Houston, Tx. 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Val C. Carter & John A. Carter Contributor address; City; State; Zip Code 4/4/2016 2223 University Blvd., Houston, Tx 77030 \$ 5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Engineer** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4. Date 5 Full name of contributor ut-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 4/6/2016 Larry Mark Polsky 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) 9 Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:\_\_ Date Amount of contribution (\$) 4/5/2016 Katherine & Jon James Tristan Maldonado Contributor address: City; State: Zip Code \$ 5,000.00 123 Allensworth St., San Antonio, Tx 78209 Principal occupation / Job fittle (See Instructions) Employer (See Instructions) Engineer Full name of contributor Date out-of-state PAC (ID#) Amount of contribution (\$) Ofelia Rivera 4/5/2016 Contributor address; City; State; Zip Code \$ 500.00 PO Box 5868, Brownsville, Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Eric Barron 4/6/2016 Contributor address; City; State: Zip Code 245 Calle Jacranda, Brownsville, Texas 78520 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#:\_\_\_ 3/15/2016 Rafael Vela 6 Contributor address; City: State: Zip Code 1264 Lantana Ln., Brownsville, Tx 78520 \$ 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pharmaceutical Sales Full name of contributor Date ut-of-state, PAC (ID#: Amount of contribution (\$) 3/24/2016 Kelly R. Crawford Contributor address; City; State; Zip Code \$5,000.00 11025 Foxbriar, Beaumont, Tx 77705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 4/4/2016 TREPAC/Texas Association of Realtors Contributor address: City; State; Zip Code \$ 500.00 P.O. Box 2246, Austin, Tx 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtors Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

4/4/2016

M.R. Villarreal
Contributor address;

Employer (See Instructions)

\$ 300.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City; State; Zip Code

501 Santa Ana, Rancho Viejo, Tx 78575

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Qut-of-state PAC (ID#:\_ Frank Russell 6 Contributor address; 4/11/2016 City; State; Zip Code \$ 200.00 2848 State Hwy 100, Los Fresnos, Tx. 78566 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self- Employed, Agriculture Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 4/11/2016 Bitty Truan Contributor address; City: State; Zip Code 275 Jose Marti Blvd., St. D, Brownsville, TX 78526 \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Insurance Agent Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/11/2016 Marion R. Lawler Contributor address: City; State; Zip Code 805 Media Luna 620, Brownsville, Tx 78520 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#; 4/11/2016 Humberto Zamora Contributor address; City; State: Zip Code \$1,000.00 1014 East Harrison, Harlingen, Tx. 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed, Investor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ouf-of-state PAC (ID#:\_ 4/11/2016 Kelton Averyt 6 Contributor address; City; State; Zip Gode 605 Escandon, Rancho Viejo, Tx 78575 \$ 200.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Software Engineer Full name of contributor ut-of-state PAC:(ID#:\_\_ Date Amount of contribution (\$) 4/11/2016 Jairo L. Mercado, M.D., PA Contributor address: City; State; Zip Code 201 Resaca Point Rd., Brownsville, Tx 78526 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self Date Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) 4/11/2016 Mario R. Villarreal Contributor address; City; State: Zip Code 700 E. Levee St., Ste 201, Brownsville, Tx 78521 \$ 300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed, Business Owner Full name of contributor out-of-state PAC (ID#, Amount of contribution (\$) 4/12/2016 Lillian Kim Contributor address; City; State; Zip Code \$ 200.00 5806 Acacia, Harlingen, Tx 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business** owner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) \_\_\_ out-of-state PAC (ID#:\_ 4/12/2016 Charles Isbell 6 Contributor address: City; State; Zip Code \$ 500.00 1641 Resaca Village, Brownsville Tx 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner** Self Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 4/13/2016 Richard WM Wolfe, Jr. Contributor address; City: State; Zip Code \$ 1,000.00 267 Creekbend Dr., Brownsville, Tx, 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAG (ID#) Amount of contribution. (\$) 4/13/2016 Jose A. Garcia Contributor address; City; State; Zip Code \$ 2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 4/13/2016 Hales Bradford Contributor address: City; State; Zip Code 855 W. Price, Rd., Ste 25, Brownsville, Tx 78520 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accountants ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) \_\_\_ out-of-state\_PAC (ID#:\_\_ 4/13/2016 Marketing by Mindshare, Inc. 6 Contributor address: City; State; Zip Code 701 De Leon Ave, Rancho Viejo, Tx 78575 \$ 1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See instructions) Marketing Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) 4/13/2016 Jim Tipton Contributor address; City; State; Zip Code 701 Santa Ana Ave, Rancho Viejo, Tx 78575 \$ 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Date Full name of contributor \_\_\_ out-of-state PAC (ID#:\_ Amount of contribution (\$) 4/13/2016 Ricard A. Ortiz Contributor address; City; State; Zip Code \$ 200.00 1465 Mesquite Grv, Brownsville Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 4/13/2016 Wesley Reed Contributor address: City; State; Zlp Code \$ 100.00 77 McLelland Blvd, Brownsville, Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 5 Full name of contributor 4 Date 7 Amount of contribution (\$) ut-of-state PAC (ID#: 4/13/2016 Michael Dean Conner 6 Contributor address; City; State; Zip Code 159 S. Nueces Park Ln, Brownsville, Tx 78552 \$ 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner** Full name of contributor Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 4/15/2016 Carlos E. Varela Contributor address; City; State; Zip Code 104 W. Ringgold, Brownsville, Tx 78520 \$ 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Full name of contributor autrof-staté PAC (ID#: Amount of contribution (\$) 4/15/2016 Richard Zayas Contributor address; City; State; Zip Code \$1,000.00 3100 E. 14th St., Brownsville, Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 4/15/2016 Luis Carlos De La Rosa Contributor address; City; State; Zip Code \$ 200.00 2114 Old Port Isabel Rd., Brownsville, Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Bookkeeping Services** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 4/15/2016 Smith Murdaugh Little & Bonham LLP 6 Contributor address: City; State; Zip Code 2727 Allen Parkway, Ste 1100, Houston, Tx 77019 \$ 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorneys Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 4/15/2016 Esparza & Garza Contributor address: City; State; Zip Code 964 E. Los Ebanos Blvd., Brownsville, Tx 78520 \$ 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) <u>Attorneys</u> Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/15/2016 Sylvia Lopez Contributor address; City; State; Zip Code \$ 1,000.00 2 Conquistador Dr., Brownsville, Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 4/15/2016 Paul Radich Contributor address; City; State: Zip Code P.O. Box 1826, Johnson City, Tx 78636 \$ 750.00 Adjusting 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor \_\_\_\_ out-of-state\_PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 4/15/2016 William Conner 6 Contributor address; City; State: Zip Code \$ 300.00 29229 Escondido, Rancho Viejo, Tx. 78575 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Business Owner Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 4/15/2016 S. Scott Pajeski Contributor address: City; State; Zip Code \$ 200.00 1 Pizarro Ave, Rancho Viejo, Tx 78575 Principal occupation / Job title (See Instructions) Employer (See Instructions) 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 \$500.00 616 Escandon, Rancho Viejo, Tx 78575 Principal occupation / Job little (See Instructions) Employer (See Instructions) Dentist Self Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 4/15/2016 Roberto B. Robles 6 Contributor address: City; State; Zip Code \$ 500.00 405 Owens Rd, Brownsville, Tx 78521 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Physician** Full name of contributor Date ut-of-state PAC ()D#: Amount of contribution (\$) 4/15/2016 Ninfa Lopez Contributor address; City; State; Zip Code 7 Conquistador St., Brownsville, Tx 78520 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 4/15/2016 Erick & Judith Lucio Contributor address; City: State: Zip Code \$ 500.00 3 Cortez, Rancho Viejo, Tx 78575 Artiorneys Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/15/2016 Humberto Rodriguez Contributor address: City; State; Zip Code \$250.00 1908 N. 34th St., McAllen Tx 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions) ROFA Architects Architect ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 4/15/2016 Manuel Hinojosa 6 Contributor address; 6 Contributor address: City; State; Zip Co 1846 N. Shore Dr., Port Isabel Tx, 78578 \$ 250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Architect **ROFA Architects** Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 4/15/2016 Michael Allex Contributor address; City; State; Zip Code \$ 250.00 5309 Hurd Ct., Harlingen, Tx 78552 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect ROFA Architects Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 4/15/2016 Luis Figueroa Contributor address; City; State; Zip Code 1818 Northgate, McAllen, Tx 78504 \$ 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect **ROFA Architects** Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) 4/15/2016 William Bradley Wolfe Contributor address; City; State; Zip Code 2012 Palm Blvd., Brownsville, Tx 78520 \$ 2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 5. Full name of contributor Mary Parra Garza 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ 4/15/2016 6 Contributor address: State: Zip Coc 304 Palo Verde Dr., Brownsville, Tx 78521 \$ 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner** Full name of contributor Date out-of-state PAC (ID#;\_ Amount of contribution (\$) 4/15/2016 Rick Wickett Contributor address; City; State; Zip Code \$ 200.00 4995 Lakeway Dr., Brownsville, Tx. 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Broker Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 4/15/2016 Peter J. Harris Contributor address; City; State: Zip Code \$ 200.00 24 Casa De Palmas, Brownsville, Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions): Business Owner Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 4/12/2016 Ruben M. Torres Contributor address; City; State: Zip Code \$ 500.00 701 Morelos Ave, Rancho Viejo, Tx 78575 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor aut-of-state PAC (ID#;\_ 7 Amount of contribution (\$) 4/16/2016 Michael F. Scaief 6 Contributor address; City; State; Zip Code PO Box 1064, San Benito, Texas 78586 \$ 300.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Investor /Banking Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 4/15/2016 Christina Achleitner & Patrick Hettler City; State; Zip Code Contributor address: 535 Paredes Line, Rd., Brownsville, Tx 78521 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physical Rehabilitation Services Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 4/18/2016 Rafael Chacon Contributor address; City; State; Zip Code 7097 N. Expressway 77 Ste. 7, Olmito, Tx 78575 \$ 1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Investor Date Full name of contributor out-of-state. PAC (ID#:\_ Amount of contribution (\$) 4/29/2016 Livermore Hospitality LLC City; Contributor address: State: Zip Code 3759 N. Expressway, Brownsville, Tx 78520 \$ 2,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor ut-of-slate PAC (ID#: 7 Amount of contribution (\$) 4/27/2016 Kevin R. Smith 6 Contributor address; City; State; Zip Code 5311 Tennington Park, Dallas, Tx 75287 \$ 250,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 4/27/2016 Darrell W. Bevelhymer Contributor address: City; State; Zip Code 6910 Sanctuary Heights Fort Worth, Texas 76132 \$ 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Qut-of-state, PAC (ID#: Amount of contribution (\$) 4/27/2016 Florencia Apartments LLC Contributor address: City; State; Zip Code \$ 250.00 15727 Mission Crst, San Antonio, Tx 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Housing Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 5/3/2016 Ricco Rene Holloway Contributor address: City; State; Zip Code \$ 1,000.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Smith Murdaugh Little & Bonham LLP 4/30/2016 6 Contributor address; City; State; Zlp Code 2727 Allen Parkway, Ste 1100, Houston, Tx 77019 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorneys Full name of contributor ut-ol-state PAC (ID#:\_ Date Amount of contribution (\$) 5/4/2016 Davidson Troilo Ream & Garza Contributor address; City; State; Zip Code \$ 5,000.00 601 NW Loop 410 #100, San Antonio, Tx 78216 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 5/4/2016 Asim Zamir, MD Contributor address; City; State; Zip Code 2100 W. San Marcelo, Blvd, #240, Brownsville, Tx 78521 \$ 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Physician Self Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) 4/15/2016 Carlos Marin Contributor address; City; State; Zip Code 295 Calle Jacaranda, Brownsville, Tx 78520 \$ 2,500.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 5/3/2016 Ruben Gallegos, Jr. 6 Contributor address; City; State; Zip Code 594 Jose Marti Blvd., Brownsville, Tx., 78526 \$1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 5/5/2016 Rollin M. Koppel Contributor address: City; State; Zip Code \$ 500.00 P.O. Box. 271, Harlingen, Tx 78551 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Attorney** Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 5/11/2016 Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code P.O. Box 17428, Austin, Tx 78760 \$ 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorneys 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.

Forms provided by Texas Ethics Commission

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description			
	7 Contributor address; Clty; State; Zip Coc					
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ , description			
	Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	irm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
			A CANADA			
	ATTACH ADDITIONAL CODIES CES	ule cours	IL E AC NEEDED			
14	ATTACH ADDITIONAL COPIES OF 1					

. . .

Revised 9/8/2015

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

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

### SCHEDULE F1

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

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

Event Expanse
Fees
Food/Beverlage Expanse
Gilf/Awards/Memorials Expanse
Legal Services

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

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

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 18 Eddie Trevino, Jr. 5 Payee name 4 Date Smart Marketing 2/24/2016 7 Payee address; 6 Amount (\$) City; State; Zip Code \$4,038.00 30 Providencia Ct., Brownsville, Texas 78526 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Auslin, TX, officeholder living expense OF EXPENDITURE Social Media, Political Advertising Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/29/2016 Dann Rivera Amount (\$) Pavee address: City; State; Zip Code \$300.00 5196 Sugar Mill Rd., Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Phone Banking Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/1/2016 Rick Longoria Amount (\$) Payee address: City; State; Zip Code \$ 300.00 2928 Tencella Brownsville, Texas 78520 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Event/Music expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

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

Event Expense Fees. Food/Beveräige Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 3/2/2016 Breeden McCumber City; State; Zip Code 6 Amount (\$) 7 Payee address; \$3,126.73 P.O. Box 5686, Brownsville, Texas 78520 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE \_ Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising & Political Consulting Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date 3/3/2016 Lucio Leal City: State; Zip Code Amount (\$) Payee address; \$ 150.00 2801 Bean Rd., San Benito, Texas 78586 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Contract Labor/Signs Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/3/2016 **Dora Torres** City; State; Zip Code Payee address; Amount (\$) \$ 200.00 43 Calgary Ct., Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Contract Labor/Signs Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legat 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: 2 FILER NAME 3 Filer ID (Ethlos Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 3/7/2016 St. Joseph Academy 7 Payee address; City; State; Zip Code 6 Amount (\$) \$ 300.00 101 Saint Joseph Drive, Brownsville, Texas 78520 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Ad Sponsor Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date 3/7/2016 St. Mary's Payee address; City: State; Zip Code 1300 E. Los Ebanos, Brownsville, Texas 78520 \$150.00 (\$) Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Ad Sponsor EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3/11/2016 Breeden McCumber City; State; Zip Code Amount (\$) Payee address; P.O. Box 5686, Brownsville, Texas 78520 \$1,128.59 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF ... Check if Austin, TX, officeholder living expense EXPENDITURE Advertising & Political Consulting Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Servicès Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense. Printing Expense Salarles/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
8	Eddie Trevino, Jr.					
4 Date	5 Payee name					
3/15/2016	Smart Marketing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6 Amount (\$)	7 Payee address; City: State: Zip Code					
\$600.00	30 Providencia Ct., Brownsville, Te	xas 78526				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	1 🗇 .	ilside of Texas, Complete Schedüle T. r, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
3/16/2016	Maria De Leon					
Amount (\$)	Payee address; City; State; Zip Code					
\$ 200.00	3032 Resaca Vista Drive, Brownsvi	ille, Texas 7852	26			
PURPOSE OF EXPENDITURE	Advertising  Description  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					
3/18/2016	Ismael Lozano					
Amount (\$) \$500.00	Payee address; City; State; Zip Code Brownsville, Texas					
PURPOSE OF EXPENDITURE	BB@©pofts@bries listed at the top of this schedule)		side of Texas, Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Lécal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salaries/	Vages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form,		
1 Total pages Schedule F1:	1	3 Filer ID (Ethics Commission Filers)		
18	Eddie Trevino, Jr.			
4 Date	5 Payee name			
3/22/2016	Home Depot			
6 Amount (\$)	7 Payee address; City: State; Zip Code			
\$1,463.54	605 W. Morrison Rd., Browi	nsville, Texas 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check il travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	Steel T-Posts			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder пагле	Office sought Office held		
Date	Payee name			
3/22/2016	Juan Torres			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	43 Calgary Ct., Brownsville, Texas	3 78526		
PURPOSE OF EXPENDITURE	Certifica Calorif Signis top of this schedule)  Description  Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3/28/2016	Beach & Biker Fest 2016			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 200.00	P.O. Box 530823, Harlingen, Texa	as 78553		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Sponsor	Description Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

### SCHEDULE F1

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

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

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

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Eddie Trevino, Jr. 4 Date 5 Payee name 3/29/2016 Breeden McCumber City; State; Zip Code 6 Amount (\$) 7 Payee address: P.O. Box 5686, Brownsville, Texas 78520 \$1,139.87 (a) Category (See Categories listed at the top of this schedule)
Advertising & Political Consulting \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/30/2016 Alfonso Paredes Amount (\$) City; State; Zip Code Payee address; \$100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE \_ Check if Austin, TX, officeholder living expense EXPENDITURE Trail Ride Sponsor Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/30/2016 Brownsville Museum of Fine Arts Payee address; City; State; Zip Code Amount (\$) \$ 100.00 660 E. Ringgold, Brownsville, Texas Category (See Calegories listed at the top of this schedule) Description Sponsor Check if travel outside of Taxas. Complete Schedule T. PURPOSE OF Check if Austin, TX; officebolder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In Olstric Travel Out Of District

Candidate/Officeholder/Politics	al Committee	Legal Services		Salaries/Wa	ges/Contract Labor	Other (enter a	category not listed above)
Credit Card Payment		The Instruction	Guide explains	how to co	mplete this form.		
1 Total pages Schedule F1:	1 1	revino, Jr.				3 Filer ID	(Ethics Commission Filers)
4 Date	5 Payeen	ame					
3/30/2016	San P	edro Catholic	Church				
6 Amount (\$)	7 Payee a		y; State; Zip	Code			
\$200.00	7602 (	Old Military ⊦	lwy				
8 PURPOSE OF EXPENDITURE	(a) Categor Spons	y (Soe Categories listed O <b>r</b>	at the top of this sch	edule)		oulside of Texas, Con fin. TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder	name	L	Office sought		Office held
Date	Payee na	ıme					
3/31/2016	My W	orld Publicity	,				
Amount (\$)	Payee address; City; State; Zip Code						
\$86.60	1725	E. Price Rd.,	Brownsvil	lle, Tex	as 78520		
PURPOSE OF EXPENDITURE	Spons	r (See Catagories listed SOF- TICKETS	Atherica of the sche Aturria Che	ess Tea	Cueck it navero	nutside af Texas. Com in,: TX, afficeholder	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		ate / Officeholder r	name		Office sought	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Office held
Date	Payee n	ame					
4/5/2016	Leslis	Gower					
Amount (\$)	Payee a	idress; Cit	y; State; Zip	Code			
\$1,500.00	1401	E. Griffen Pa	arkway, Mi	ission,	Texas 78572	2	
PURPOSE OF EXPENDITURE		See Categories listed	at the top of this sch	edulė)	i	nutside of Texas. Com in, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3. Filer ID (Ethics Commission Filers)			
18	Eddie Trevino, Jr.					
4 Date	5 Payée namé					
4/4/2016	Juan Torres					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$800.00	43 Calgary Ct., Brownsville, Texas	78526				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		[	tside of Texas, Complete Schedule T.			
OF EXPENDITURE		Check if Austin.	. TX. officeholder living expense			
<b></b>	Contract Labor/Signs					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
4/5/2016	Smart Marketing					
Amount (\$)	Päyee address; City; State; Zip Code					
\$1,300.00	30 Providencia Ct., Brownsville, Te	exas 78526				
	Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	Description				
PURPOSE	Gradin i savar diciale di Textas, configuración in					
OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
4/6/2016	Breeden McCumber					
Amount (\$)	Payee address; City; State; Zip Code					
\$7,740.91	P.O. Box 5686, Brownsville, Texas	78520				
	Advertising & Political Consulting	Description				
PURPOSE	or usung sir / omissin someshing	Check if Iravel outs	side of Texas. Complete Schedule T.			
OF		Check if Austin,	TX, officeholder living expense			
EXPENDITURE						
	On adjutate / Office lead	Office	<i>∩se</i> L .) .			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED			

### SCHEDULE F1

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

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

Event Expense Faes Food/Beverage Expense Glt/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 Trayel Out Of District

Cancidate/Officeholder/Politic		Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
4/6/2016	The Grafik Spot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 5,331.69	1265 N. Expressway, Brownsville,	Texas 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T,
OF EXPENDITURE		Check if Austin, TX, afficeholder living expense
EXCENDITAGE	Advertising, Signs	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee rîarhe.	
4/7/2016	Johnny Cavazos	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 648.42	1168 Squaw Valley Dr., Brownsvill	e, Texas 78520
PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this schedule)  Advertising, Signs	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/11/2016	Dann Rivera	
Amount (\$)	Payee address: City; State; Zip Code	
\$ 1,200.00	5196 Sugar Mill Rd., Brownsville,	Texas 78526
PURPOSE OF EXPENDITURE	Phone Banking listed at the top of this schedule)	Description  Gheck if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment		Wages/Contract Eabor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule Ft		······································	3 Filer ID (Ethics Commission Filers)
18	Eddie Trevino, Jr.	_	The To (Ellino Commission (1979)
4 Date	5 Payee hame		
4/12/2016	Family Crisis Center		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 100.00	616 W. Taylor, Harlingen, Texas 7	8550	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Sponsor	Check if travel outsic	de of Texas. Complete Schedule T.
OF		Check If Austin, T	"X, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/13/2016	The Shepard Group		
Amount (\$)	Payee address; City: State; Zip Code		
\$1,000.00	16584 FM 498, Lyford, Tx 78569		
Ψ1,000.00	1000 1 W 100, Eyiora, 12 1000		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside	e of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Auslin; TX	C, afficeholder living expense
EMP, MIMBELL WILLIAM	Advertising		
Complete ONLY if direct expenditure to benefit C/OF	   Candidate / Officeholder name 	Office sought	Office held
Date	Payee name		
4/13/2016	Temple Beth-El		
Amount (\$)	Payee address; City; State; Zip Code	<del></del>	
\$ 125.00	24 Coveway Drive, Brownsville, Te	exas 78520	
Ψ 120.00	21 00 tomay 211.0, 2.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	,	Check il travel outside	of Texas: Complete Schedule T.
OF EXPENDITURE		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 NEEDE	ED

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimburserrient. Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wanes/Contract Labor

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.		3 Filer (D (Ethics Commission Filers)	
4 Date	5 Payee name			
4/14/2016	Juan Torres			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 1,200.00	43 Calgary Ct., Brownsville, Texa	s 78526		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contract Labor/Signs	Check if travel ou	side of Texas: Complete Schedule T.	
OF		Chéck if Austin	, TX, officeholder living expense.	
EXPENDITURE				
Complete ONLY it direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/15/2016	Breeden McCumber			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,673.21	PO Box 5686, Brownsville, Texas	78520		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.	
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Advertising & Political Consulting			
Complete ONLY if direct expenditure to benefit C/OH	Ćandidate / Officeholder name	Office sought	Office held	
Date.	Payee name			
4/15/2016	Leslie Gower		,	
Amount (\$)	Payee address; City; State: Zip Code			
\$529.70	1401 E. Griffen, Mission Texas			
	Place Bardannings listed at the top of this schedule)	Description		
PURPOSE			ide of Texas, Complète Schedule T.	
OF EXPENDITURE		Check if Austin.	TX, officeholder living expense	
		No. Williams		
Gomplete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	DED	

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Relmbürsement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Fransportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guilde explains how to describe the services of the committee of the services of the committee of the c	Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
4/19/2016	Salvado Molar			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 265.00	5082 Camelia St., Brownsville, Tex	kas 78521		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T,		
OF EXPENDITURE	Advertising, T-Shirts	Check if Austin, TX, officeholder living expense		
9 Camplete <u>ONLY</u> it direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/20/2016	Voter's Voice RGV Magazine			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 1,200.00	110 Regency Ct., Harlingen, Texas	s 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description Check if travel outside of Texas, Complete Schedule T: Check If Austin, TX, officeholder fiving expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Öfficeholder name	Office sought Office held		
Date	Payee name			
4/20/2016	St. Luke Catholic School			
Amount (\$) \$ 100.00	Payee address; City: State; Zip Code 2850 Price Rd., Brownsville, Texas	78520		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Sponsor			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED		

## SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundraising,Expense Transportation:Equipment.& Related Expense Travel In District Travel Out Of District

Contributions/Donations Made 6 Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District  Cither (enter a category not listed above)
1 Total pages Schedule F1:	,		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule 1-1.			2 Filet ID (Cities Commission Filets)
/ 0 4 Date	Eddie Trevino, Jr.	1	
•			
4/22/2016	Leslie Gower		
6 Amount (\$)	7 Payee address: City; Slate: Zip Code		
\$ 1,964.50	1401 E. Griffen Prk, Mission, Texa	3S	
8	(a). Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		i —	side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
PENCE PERSONAL COSTO	Phone Banking		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held.
Date	Payee name		
4/22/2016	Breeden McCumber		
Amount (\$)	Payee address; City: State; Zip Code		
\$2,603.50	PO Box 5686, Brownsville, Texas	s 78520	
	Category (See Categories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , , ,
PURPOSE		1	de of Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin, Y	X, officeholder living expense
EVL CIABII OII	Advertising & Political Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/23/2016	Beef O'Brady's		
Amount (\$)	Payée address; City; State; Zip Code		
\$ 321.66	3457 Old Hwy 77, Brownsville, TX	78520	
	Category (See Categories listed at the top of this schedule)  Lunch for Block walkers	Description	
PURPOSE	LUTION DIOCK WAINGLE	Check if travel outside	de of Texas, Complète Schedule T.
OF EXPENDITURE		Check if Austin, T	X, officeholder living expense
LAI LIIDI, S.I.S.		manusa de la companio del companio de la companio del la companio del companio de la companio de la companio de la companio del companio de la companio del compa	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Gindo Hold
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEED	)ED

### SCHEDULE F1

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

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

Event Expense
Fees
Food/Geverage Expense
Gift/Awards/Memorials Expense
Lend Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salades/Wartes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/27/2016 6 Amount (\$)	Dann Rivera 7 Payee address: City; State: Zip Code		
\$ 1,200.00	5196 Sugar Mill Rd., Brownsville, 7	Гехаѕ 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		itside of Texas, Complete Schedule T. , T.Y. officeholder living expense
	Phone Banking		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
4/29/2016	Leslie Gower		
Amount (\$)	Payee address; City: State; Zip Code		
\$ 3,191.70	1401 E. Griffen, Mission Texas		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Phone Banking	<u>-                                   </u>	side of Taxas: Camplete Schedule T, TX; officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее палте		
4/29/2016 Amount (\$)	Breeden McCumber Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$ 11,055.81	PO Box 5686, Brownsville, Texas	78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	jj	ilde of Texas. Complete Schedule T. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEED	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment's Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 4/29/2016 Juan Torres City; State; Zip Code 6 Amount (\$) 7 Payee address; 43 Calgary Ct., Brownsville, Texas 78526 \$ 1,200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Contract Labor/Signs Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date 5/6/2016 Smart Marketing Amount (\$) Payee address; City; State; Zip Code 30 Providencia Ct., Brownsville Texas 78526 \$ 950.00 Category (See Categories listed at the top of this schedule) Description \_ Check If travel outside of Texas. Complete Schedule T. PURPOSE \_\_ Check if Austin, TX, officeholder living expense. EXPENDITURE Social Media, Political Advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/3/2016 Salvador Molar City; State; Zip Code Amount (\$) Payee address; 5082 Camellia, St., Brownsville, Texas 78521 \$564.98 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising-T-Shirts Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politic	cal Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
12	Eddie Trevino, Jr.				
4 Date	5 Payee name				
5/4/2016	Breeden McCumber				
6 Amount (\$)	7 Payee address; City; State; Zip Code		•		
\$ 1,723.72	PO Box 5686, Brownsville, Texas	78520			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE			itside of Texas, Complete Schedule T.		
OF EXPENDITURE		Check if Austin.	, TX, officeholder living expense		
	Advertising & Political Consulting				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
5/5/2016	Marketing by Mindshare, Inc.				
Amount (\$)	Payee address; City, State; Zip Code				
\$ 10,550.00	355 W Elizabeth St, Brownsville, TX	( 78520			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE			sidé of Texas. Complete Schedule T.		
OF EXPENDITURE	L				
	Advertising -Commercial				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Gandidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/5/2016	Leslie Gower				
Amount (\$)	Payee address; City: State; Zip Code				
\$703.20	1401 E. Griffen, Mission Texas	······································			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		<del> </del> 1	side of Texas. Complète Schedule T.		
EXPENDITURE		L Check if Austin,	TX, officeholder living expense		
	Phone banking				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught	Office held		
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule Ft; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 5/10/2016 Breeden McCumber 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520 \$ 20,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Iravel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising & Political Consulting 9 Complete ONLY If direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 5/11/2016 Dann Rivera Amount (\$) Payee address: City; State; Zip Code \$ 1,200.00 5196 Sugar Mill Rd., Brownsville, Texas 78526 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Phone Banking Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 5/13/2016 Breeden McCumber City: State: Zip Code Amount (\$) Payee address: PO Box 5686, Brownsville, Texas 78520 \$ 11,141.85 Category (See Categories listed at the top of this schedule) Check it travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder fiving expense Advertising, Political Consulting Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## 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
Glft/Awards/Memorials Expense Legal Services

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

Solloilation/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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
18	Eddie Trevino, Jr.				
4 Date	5 Payee name				
5/13/20169	Maria De Leon				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 200.00	3032 Resaca Vista Dr., Brownsvill	le, Texas 7852	6		
8	(a) Category (See Categories fisted at the top of this schedule)	(b) Description			
PURPOSE		· -	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	·	Check if Austir	n, TX, officeholder living expense		
	Advertising				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
į					
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories fisted at the top of this achequie)	Description			
PURPOSE		Check if travel ou	itside of Texas. Complete Schedule T.		
OF EXPENDITURE	Check If Austin, TX, officeholder living expense				
EXTENSITE OF THE					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	<u></u>				
Date	P'ayee.name				
Amount (\$)	Payee address; City, State, Zip Code				
Amount (4)	Payee address, Ony, State, 20 9000				
		T - ; .			
	Category (See Categories listed at the top of this schedule)	Description	tolds of Years. Describe Catachte V		
PURPOSE OF			tside of Texas. Complete Schedula T. TX, officeholder living expense		
EXPENDITURE		Check it Austri	. iv. ourcandidat mand avhanse		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	÷ήΕυ		

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica		,
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	I /IIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)	escription
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City				
	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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	-	e /Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
		The Instruction Gulde expla	lins how to comp	lete this form,	
1 Total pages Schedule F4:	2 FILER I Eddie Trev				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACRED	IT CARD	\$
5 Date	6 Payee	name		***************************************	
2/28/2016	Facebook				
7 Amount (\$)	8 Payee	address; City; State;	Zip Code		
\$ 759.09	1601 Will	low Rd., Menlo Park Califo	ornia 94025		
9 TYPE OF EXPENDITURE	K F	Political	Non-Politica	d	
10	(a) Catego	ry (See Categories listed at the top of	this schedule)	(b) Descriptio	ın
PURPOSE				Checkif	travel outside of Texas. Complete Schedule T,
OF EXPENDITURE				Check i	f Austin, TX, officeholder living expense
	Social M	edia			
11 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
7) at 2 3/8/2016	Payee i Facebo				
Amount (\$)	Payee	address; City; State;	Zip Code		
\$ 753.14	1601 Will	ow Rd., Menlo Park, Califo	ornia 94025		
TYPE OF EXPENDITURE	X F	Political	Non-Politica	ıl	
	Catego	ry (See Categories listed at the top of	this schedule)	Descriptio	าก
PURPOSE				Gheck if	travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Social Me	edia		Check i	f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politic		Office Overhead Polling Expense Opense Printing Expense		Solicitation/Fundralsing Expense. Transportation Equipment & Related Expense' Travel In District Travel Out Of Obstrict Other (enter a category not listed above)
	The Instruction Guid	fe explains how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER NAME Eddie Trevino, Jr.			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHA	RGED TO A CRED	IT CARD	\$
5 Date 3/17/2016	6 Payee name The Grafik Spot			
7 Amount (\$)	8 Payee address; City;	State; Zip Code	***************************************	
\$ 2,760.00	1265 N. Expressway, Browns	sville, Texas 78520		
9 TYPE OF EXPENDITURE	X Political	Non-Politica	l	
10	(a) Category (See Calegories listed at I	he top of (his schedule)	(b) Descriptio	'n
PURPOSE			Check if	travel outside of Texas, Complete Schedute T,
OF Expenditure	Advertising, Signs		Check i	f Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n ł	ame Office	sought	Office held
Date 4/11/2016	Payee name Facebook			
Amount (\$)	Payee address; City;	State; Zip Code		
\$ 750.99	1601 Willow Rd., Mer	ılo Park, California 94	1025	
TYPE OF EXPENDITURE	X Political	Non-Politica	ıl	
	Category (See Categories listed at ti	ne (op of this schedule)	Descriptio	n Iravel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Social Media			f Austin, TX, olliceholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salades/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (anter a category and listed above)

Contributions/Donations Made to Candidate/Officeholder/Politic		s/Contract Labor	Travel Out Of District Other (enter a category not fisted above)	
1 Total pages Schedule F4:	2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	DITCARD	\$	
5 Date 4/18/2016	6 Payee name Facebook		1	
7 Amount (\$) \$ 750.99	8 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, California 9	94025		
9 TYPE OF EXPENDITURE	X Political Non-Politica	àl		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Social Media		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		s sought	Office held	
Date /25/2016	Payee name Facebook			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 750.17	1601 Willow Rd., Menio Park, California 94025			
TYPE OF EXPENDITURE	Rollitical Non-Politica	al		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if ravel outside of Texas, Complete Schedule  Check if Austin, TX, officeholder living expensions.			
Complete ONLY if direct expenditure to benefit C/OF		sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NE	EDED	

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Revised 9/8/2015

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gitt/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 extension and listed above)

Credit Card Payment	The Instruction Guide explains how t	o 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	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, Complete Schedule T,  Check if Austln, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries Magnes/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a extenory not listed above)

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
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	<del>-</del>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	e	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	9	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

## SCHEDULE I

The Instruction Guide explains how to complete this form.			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5 Payee name			
7 Payee address; City; State; Zip Code			
(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Payee name			
Payee address; City; State; Zip Code			
Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Payee name			
Payee address; City; State; Zip Code			
Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Payee name			
Payee address; City; State; Zip Code			
Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding typo of information required.)		
	2 FILER NAME  5 Payee name  7 Payee address; City; State; Zip Code  (a) Category (See instructions for examples of acceptable categories.)  Payee address; City; State; Zip Code  Category (See instructions for examples of acceptable categories.)  Payee address; City; State; Zip Code  Category (See instructions for examples of acceptable categories.)  Payee address; City; State; Zip Code  Category (See instructions for examples of acceptable categories.)  Payee address; City; State; Zip Code  Category (See instructions for examples of acceptable		

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

## SCHEDULE K

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

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

## SCHEDULE T

<u> </u>					
The Instr	uction Guide	e explains	s how to complete th	is form.	1 Total pages Schedule T:
2 FILER NAME			3 Filler ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor (	Organization / Pledgor /	Payee	1
5 Contribution / Expendence Schedule A2 Schedule F2  6 Dates of travel	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule				
	Departure city or name of departure location      Destination city or name of destination location				
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)
Name of Contributor	/ Corporation	or Labor (	Organization / Pledgor /	Payee	
				Schedule D Schedule F1	
Dates of travel `	Name of person(s) traveling				
	Departure city or name of departure location				
	Destinat	tion city or	name of destination lo	cation	
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend Schedule A2 Schedule F2	Sche	d on: dule B edule F4	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eeminar, or other event)	
	Α-	TTACH AI	ODITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

1 C/OH	INAME	2 Filer ID (Ethics Commission Filers)
3 SIGN	IATURE	
ing a	ot expect any further political contributions or political expenditures in or report as a final report terminates my campaign treasurer appointmen butions or make any campaign expenditures without a campaign treas	t. I also understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder	
Α.	CAMPAIGN FUNDS	
Che	eck 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 incommay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned this final report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the requirement.	d interest or income earned on political contributions to t of unexpended contributions and that I may not retain d on political contributions longer than six years after filing pended political contributions and unexpended interest o
В.	ASSETS	
Che	eck only one:	
	I do not retain assets purchased with political contributions or inter-	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased programments of Election Code, § 254.204.	or interest or other income from political contributions to
		Signature of Candidate
	CEHOLDER  mplete this section <i>only</i> if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpende officeholder, I retain political contributions, interest or other income from cal contributions or interest or other income from political contributions.	d contributions if, after filing the last required report as an om political contributions, or assets purchased with politi-
		Signature of Officeholder