

**MR.
MICHAEL
MIKE E
TREJO SR.**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Michael</u> MI: <u>E</u> NICKNAME: <u>MIKE</u> LAST: <u>Trejo</u> SUFFIX:	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JUL 15 2016 BY: <u>[Signature]</u> RECEIVED Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 1149 Harlingen TX 78551</u>	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 454-3888</u>	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) <u>28761 Bakerotts Rd, Harlingen TX 78552</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Mary</u> MI: NICKNAME: <u>Aguilar</u> LAST: SUFFIX:	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <u>(956) 230-3030</u>	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 28 / 2014</u> <u>06 / 30 / 2014</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Justice of the Peace PCT 5-3.</u>	13 OFFICE SOUGHT (if known)	

3:00 p.m.

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Michael E. Trejo

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

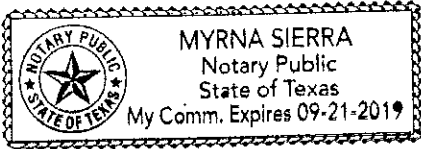
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10,316.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,455.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 917.48
4. TOTAL POLITICAL EXPENDITURES	\$ 16,014.33
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,139.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,492.68

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Trejo, this the 15th day of July, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Myrna Sierra
Printed name of officer administering oath

Vice President
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Michael Trejo</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,139. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5492. ⁶⁸
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,014. ³³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1-6
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/02/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Masso	7 Amount of contribution (\$) \$ 300.00
6 Contributor address; City; State; Zip Code 1194 Sycamore Dr Brownsville TX 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Palome DBA Christina Palome State Farm	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 2312 S. Expwy 89 Suite D Harlingen TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca G. and Carlos Moreno	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 21446 FM 5017 Harlingen TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond's Automatic Trans.	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 2114 E. Harrison Harlingen TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2-6
2 FILER NAME Michael Trejo		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Cavazos	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO BOX 500 LOS INDIOS TX 78567		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthia + Consuelo Getner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 16005 Odum Ln Harlingen TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Coronado + Celina Garrison	Amount of contribution (\$) \$160.00
Contributor address; City; State; Zip Code 8203 W. BUS 03 Harlingen TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William + Merrilee Eliff	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 27143 State Hwy 345 San Benito TX 78586		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3-6**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

2/19/14

Happy Thomas
 6 Contributor address: **4380 Boca Chica Blvd A3**
Brownsville TX 78521

\$107.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/11/14

Maria A. Paredes
 Contributor address: **720 Dulwich St**
Austin TX 78748

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

2/11/14

Laura Lynn Trejo
 Contributor address: **2945 Vigen Cr**
Austin TX 78748

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4-6**

2 FILER NAME
Michael Trejo

3 Filer ID (Ethics Commission Filers)

4 Date
2/11/14

5 Full name of contributor out-of-state PAC (ID#: _____)
Armando and Debra Gonzalez
Contributor address; City; State; Zip Code
**3730 Kellywood Dr
Austin TX 78739**

7 Amount of contribution (\$)
\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/14/14

Full name of contributor out-of-state PAC (ID#: _____)
Michael + Elizabeth Saieef
Contributor address; City; State; Zip Code
**PO Box 1064
San Benito TX 78586**

Amount of contribution (\$)
\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/02/14
2/09/14

Full name of contributor out-of-state PAC (ID#: _____)
Hector Solis
Contributor address; City; State; Zip Code
**2310 Emerald Lake Dr
Harlingen TX 78550**

Amount of contribution (\$)
\$350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5-6
2 FILER NAME: Michael Trejo		3 Filer ID (Ethics Commission Filers)
4 Date: 2/12/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sergio Eutiquio Vela JR	7 Amount of contribution (\$): \$72.00
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 25831 FM 504 La Feria TX 77559		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date: 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joe D. Eliff	Amount of contribution (\$): \$500.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 1307 W. Harrison Ave Harlingen TX 77550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date: 2/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tudor G. or Helen G. Unhorn	Amount of contribution (\$): \$250.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 2601 S. 117 Sunshine Strip Harlingen TX 77550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date: 2/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Abel + Sara Gonzalez	Amount of contribution (\$): \$800.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 2495 Old Spanish Trail Brownsville TX 77520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6-6**

2 FILER NAME: **Michael Trejo**

3 Filer ID (Ethics Commission Filers)

4 Date: **2/23/16**
 5 Full name of contributor: out-of-state PAC (ID#: _____)
Law Office of Gilberto Hinojosa
 6 Contributor address: **600 E. St. Charles** City: **TX** State: **TX** Zip Code: **77820**
Brownsville

7 Amount of contribution (\$): **\$500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **2/22/16**
 Full name of contributor: out-of-state PAC (ID#: _____)
Marc Sanchez
 Contributor address: **PO Box 857** City: **TX** State: **TX** Zip Code: **7535**
Combes

Amount of contribution (\$): **\$150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

 Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

 Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1-1 2 FILER NAME: Michael Trejo 3 Filer ID (Ethics Commission Filers)

4 Date: 2/26/14 5 Payee name: Valley Morning Star

6 Amount (\$): \$1501.92 7 Payee address; City; State; Zip Code: 1310 S. Commerce Harlingen TX 78550

8 (a) Category (See Categories listed at the top of this schedule): Advertising (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/OH Candidate / Officeholder name Office sought Office held

Date: 3/01/14 Payee name: Stefano's

Amount (\$): \$891.08 Payee address; City; State; Zip Code: 4201 US 83 Harlingen TX 78552

PURPOSE OF EXPENDITURE: Event Expense 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: 3/01/14 Payee name: David Marquez

Amount (\$): \$300.00 Payee address; City; State; Zip Code: Brownville TX

PURPOSE OF EXPENDITURE: Event Expense (Saxophone) 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2-1	2 FILER NAME Michael Trejo	3 Filer ID (Ethics Commission Filers)
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4 Date 2/19/16	5 Payee name Dave's Meat Market
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6 Amount (\$) \$940.00	7 Payee address; City; State; Zip Code Mercedes TX
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (chicken)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/24/16	Payee name La Feria News
------------------------	------------------------------------

Amount (\$) \$870.00	Payee address; City; State; Zip Code La Feria TX
--------------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/24/16	Payee name Chuy's Customs Sports
------------------------	--

Amount (\$) \$315.00	Payee address; City; State; Zip Code Sun Benito TX
--------------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3-7	2 FILER NAME Michael Trejo	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/16	5 Payee name R.V. Shriners Club	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code La Feria TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (Venue)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2/21/16	Payee name Andy Capuchini	
Amount (\$) \$180.00	Payee address; City; State; Zip Code La Feria TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (Charcoal)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2/21/16	Payee name Jose N. Garcia	
Amount (\$) \$250.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense (Sound)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME: Michael Trejo	3 Filer ID (Ethics Commission Filers)
4 Date: 2/22/16	5 Payee name: Chuy's Customs Sports	
6 Amount (\$): \$357.23	7 Payee address; City; State; Zip Code: San Benito TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printings.	(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
4 Date: 2/22/16	5 Payee name: Sam's Wholesale	
6 Amount (\$): \$253.68	7 Payee address; City; State; Zip Code: Harlingen TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
4 Date: 2/24/16	5 Payee name: Sam's Wholesale	
6 Amount (\$): \$169.51	7 Payee address; City; State; Zip Code: Harlingen TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5-7	2 FILER NAME Michael Trejo.	3 Filer ID (Ethics Commission Filers)
4 Date 2/05/16	5 Payee name Voter's Voice Magazine RGV.	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/12/16	Payee name Altegra Printins	
Amount (\$) \$ 239.08	Payee address; City; State; Zip Code Harlingen Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 1/29/16	Payee name Chuy's Customs Sports.	
Amount (\$) \$ 803.26	Payee address; City; State; Zip Code Sun Benito Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 6	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/16	5 Payee name Sams Club
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6 Amount (\$) \$265.60	7 Payee address; City; State; Zip Code Harlingen Tx
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/28/16	Payee name Graphic Spot
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Amount (\$) \$1017.81	Payee address; City; State; Zip Code Brownsville Tx
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/28/16	Payee name Mrs. Senior South Texas Pageant
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Amount (\$) \$150	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>11</u>		2 FILER NAME <u>Michael Trejo</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/18/14</u>		5 payee name <u>Tipotex Family Outreach Center</u>			
6 Amount (\$) <u>\$150.00</u>		7 Payee address; City; State; Zip Code <u>Brownsville TX</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				

Date <u>6/23/14</u>		Payee name <u>Harlingen Cardinal Football Program Adm</u>			
Amount (\$) <u>\$150.00</u>		Payee address; City; State; Zip Code <u>Harlingen TX</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Michael Trejo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2/2/16

7 Name of lender out-of-state PAC (ID#: _____)

Janie Trejo

9 Loan Amount (\$)

\$2050.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

23100 Groves Ave
Hurlinsen TX 78552

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/2/16

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

Janie Trejo

Loan Amount (\$)

\$3441.88

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

23100 Groves Ave
Hurlinsen TX 78552

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Michael Trejo** 3 Filer ID (Ethics Commission Filers)

4 Date **2/12/16** 5 Payee name **The Graphic Spot**

6 Amount (\$) **\$ 2050.⁰⁰** 7 Payee address; City; State; Zip Code
**Printings 1265 N EXPWY 177
 Brownsville TX 77520**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Printings** (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/OH Candidate / Officeholder name Office sought Office held

Date **2/12/16** Payee name **The Valley Morning Star**

Amount (\$) **\$ 3441.⁸⁸** Payee address; City; State; Zip Code
**1310 S. Commerce
 Harlingen TX 77550**

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 living expense

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

Date Payee name

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

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 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

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