

**MR.  
EDIBERTO  
TREVINO**

# 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: <b>27</b>																																
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Ediberto</td> <td>J</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Eddie</td> <td>Trevino</td> <td>Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Ediberto	J	NICKNAME	LAST	SUFFIX	Eddie	Trevino	Jr.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> <b>JUL 15 2016</b> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> <b>RECEIVED</b> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">BY: _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		<b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b>		<b>JUL 15 2016</b>		<b>RECEIVED</b>		BY: _____		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) Cameron County Judge																																	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 36,500.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 25,918.14

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 19,579.92

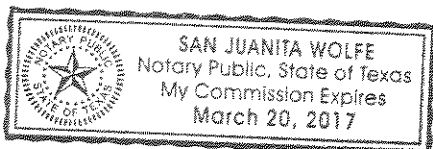
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 140,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Eddie Trevino, Jr.*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eddie Trevino, Jr., this the 15th day of July, 20 16, to certify which, witness my hand and seal of office.

*San Juanita Wolfe*  
Signature of officer administering oath

San Juanita Wolfe  
Printed name of officer administering oath

Legal Assistant  
Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Eddie Trevino, Jr.

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,500.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,525.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,918.14
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,220.45
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/2016

5 Full name of contributor

Donald & Patricia A. Crow

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

484 Central Avenue Brownsville, Texas 78521

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/14/2016

Full name of contributor

Norma Linda Alaniz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

P.O. Box 217, Rio Hondo Texas 78583

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

5/14/2016

Full name of contributor

B. Cantu, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1408 Pine Ct., Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/15/2016

Full name of contributor

Barton D. Ford

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

2605 Laurel Valley Ln., Arlington, Texas 76006-4017

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/17/2016

5 Full name of contributor

Juan Varela

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address; City; State; Zip Code

3180 Calle Maravillosa, Brownsville, Texas 78526

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

5/19/2016

Full name of contributor

Conrad & Alice Bodden

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

1600 Santa Ana Ave., Rancho Viejo, Texas 78575

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

6/1/2016

Full name of contributor

Scot Campbell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

1210 E. Tyler, Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

6/1/2016

Full name of contributor

Kevin Campbell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

1210 E. Tyler, Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/1/2016

5 Full name of contributor

Scot Campbell

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address; City; State; Zip Code

1210 E. Tyler, Harlingen, Texas 78550

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Date

6/1/2016

Full name of contributor

Gregory B. Kelly

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

2732 Stanford Ave., Dallas, Texas 75225

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

6/2/2016

Full name of contributor

Louis H. Jones, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

3100 W. Alabama St., Houston, Texas 77098

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

5/14/16

Full name of contributor

Genaro Alvarez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 1,500.00

Contributor address; City; State; Zip Code

542 S. Travis St., San Benito, Texas 78586

Principal occupation / Job title (See Instructions)

Electrician

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/2016

5 Full name of contributor

Lisa A. Esteve

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address:

City: State: Zip Code

45 Calle Jacaranda, Brownsville, Texas 78520

7 Amount of contribution (\$)

\$ 1,500.00

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Date

5/25/2016

Full name of contributor

John D. Guevara

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address:

City: State: Zip Code

3205 Seminole Court, Harlingen, Texas 78550

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5/25/2016

Full name of contributor

Paul D. Chapa

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address:

City: State: Zip Code

8022 Saint Laurent Dr., Corpus Christi, Tx 78414

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5/25/2016

Full name of contributor

Linebarger Goggan Blair & Smpson, LLP

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address:

City: State: Zip Code

P.O. Box 17428, Austin, Texas 78760

Amount of contribution (\$)

\$ 3,500.00

Principal occupation / Job title (See Instructions)

Attorneys

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

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1 Total pages Schedule A1:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/31/2016

5 Full name of contributor

Ricardo Canales

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address: City: State: Zip Code

336 Royal St., Edinburg, Texas 78539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/14/2016

Full name of contributor

Edward A. Cook, IV

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5,000.00

Contributor address: City: State: Zip Code

1628 Battle Creek Dr., Frisco, Texas 75034-6567

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)

Date

6/21/2016

Full name of contributor

Alfred M. Kowalski

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 200.00

Contributor address: City: State: Zip Code

4974 Kevin, Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

6/27/2016

Full name of contributor

Edith T. McCumber

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 300.00

Contributor address: City: State: Zip Code

540 Rancho Perdido, Olmito Texas 78575

Principal occupation / Job title (See Instructions)

Retail Sales

Employer (See Instructions)

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Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/16

5 Full name of contributor

Adolfo Luis Pereira

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address;

City; State; Zip Code

5251 Wilderness Drive, Brownsville, Texas 78526

8 Principal occupation / Job title (See Instructions)

Construction

9 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)

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)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>5/24/2016</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Kenney Cobbleheads</b>	8 Amount of Contribution \$ <b>\$ 1,525.00</b>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <b>3154 Central Blvd., Brownsville, Texas 78520</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Pledgor address;                      City;    State;    Zip Code	8 Amount of Pledge \$	9 In-kind contribution description ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description ..... <input type="checkbox"/> 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

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/16/2016</b>	<b>5</b> Payee name <b>Leslie Gower</b>	
<b>6</b> Amount (\$) <b>\$ 1,996.60</b>	<b>7</b> Payee address; City; State; Zip Code <b>1401 E. Griffen Parkway, Mission, Texas 78572</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Phone Banking</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>5/18/2016</b>	Payee name <b>Breeden McCumber</b>	
Amount (\$) <b>\$5,000.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising &amp; Political Consulting</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>5/20/2016</b>	Payee name <b>Leslie Gower</b>	
Amount (\$) <b>\$2,001.00</b>	Payee address; City; State; Zip Code <b>1401 E. Griffen, Mission, Texas</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>5/23/2016</b>	<b>5</b> Payee name <b>Dann Rivera</b>				
<b>6</b> Amount (\$) <b>\$ 900.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5196 Sugar Mill Rd., Brownsville, Texas 78526</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>5/23/2016</b>	Payee name <b>Maria Theresa Kaun</b>				
Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>1 West University Blvd., Brownsville Texas 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>5/27/2016</b>	Payee name <b>Leslie Gower</b>				
Amount (\$) <b>\$2,362.17</b>	Payee address; City; State; Zip Code <b>1401 E. Griffen, Mission, Texas</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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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	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.

<b>1</b> Total pages Schedule F1: <b>5</b>		<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>6/1/2016</b>		<b>5</b> Payee name <b>Salvador Molar</b>			
<b>6</b> Amount (\$) <b>\$ 416.08</b>		<b>7</b> Payee address; City; State; Zip Code <b>5082 Camelia St., Brownsville, Texas 78521</b>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>Advertising-T-Shirts</b>		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>6/1/2016</b>		Payee name <b>Smart Marketing</b>			
Amount (\$) <b>\$541.25</b>		Payee address; City; State; Zip Code <b>30 Providencia Ct., Brownsville, Texas 78526</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Social Media,Political Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>6/1/2016</b>		Payee name <b>The Grafik</b>			
Amount (\$) <b>\$4,773.83</b>		Payee address; City; State; Zip Code <b>1265 N. Expressway 83, Brownsville, Texas 78520</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising, Signs</b>		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>6/1/2016</b>	<b>5</b> Payee name <b>Breeden McCumber</b>				
<b>6</b> Amount (\$) <b>\$5,777.21</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 5686, Brownsville, Texas 78520</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Political Consulting</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>6/10/2016</b>	Payee name <b>Maria De Leon</b>				
Amount (\$) <b>\$500.00</b>	Payee address; City; State; Zip Code <b>3032 Resaca Vista Dr., Brownsville, Texas 78526</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>6/22/2016</b>	Payee name <b>Riverside Little Miss Kickball</b>				
Amount (\$) <b>\$ 200.00</b>	Payee address; City; State; Zip Code <b>Tony Gonzalez Drive, Brownsville, Texas 78520</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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	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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>6/29/2016</b>	<b>5</b> Payee name <b>Juan Torres</b>				
<b>6</b> Amount (\$) <b>\$1,200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>43 Calgary Ct., Brownsville, Texas 78526</b>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Contract Labor Removal of Signs</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	..... <b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> 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  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>2</b>	<b>2</b> FILER NAME Eddie Trevino, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 5/14/2016	<b>6</b> Payee name Facebook	
<b>7</b> Amount (\$) \$740.83	<b>8</b> Payee address; City; State; Zip Code 1601 Willow Rd., Menio Park California 94025	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social Media	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 5/16/2016	Payee name Facebook	
Amount (\$) \$ 740.83	Payee address; City; State; Zip Code 1601 Willow Rd., Menio Park California 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### 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  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <u>2</u>	<b>2</b> FILER NAME Eddie Trevino, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
<b>5</b> Date 5/19/2016	<b>6</b> Payee name Facebook		
<b>7</b> Amount (\$) \$ 738.79	<b>8</b> Payee address; City; State; Zip Code 1601 Willow Rd., Menio Park, California 94025		
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social Media	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

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

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Business name				
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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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 Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

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

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder