# MR. EDIBERTO TREVINO

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr. Ediberto  NICKNAME LAST	MI J suffix	OFFICE USE	
, · · · · · · · · · · · · · · · · · · ·	Eddie Trevino	Jr.	DEPARTMENT	ON COUNTY OF ELECTIONS EGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	805 Media Luna, Ste. 300, Browns	city; state; zip code	JUL	1 5 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956 ) 554-0683	EXTENSION	Date Hand-delivered or Da	ite Poslmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # A	mount \$
TREASURER NAME	Mrs. Evangelina	SUFFIX	Date Processed	
	Trevino		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SO  1552 Palm Blvd., Ste 8, Brownsvil		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 542-7160	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after can treasurer appointr (Officeholder Only Final Report (Attac	nent )
10 PERIOD COVERED	Month Day Year 05 / 15 / 2016	Month 06 /	Day Year / 30 / 2016	
11 ELECTION	ELECTION DATE  Month Day Year Primary  05 / 24 / 2016 General	ELECTION TYPE    Runoff		,
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Cameron County Ju-		
	go то	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					
	COMMITTEE ADDRESS  SPECIFIC					
	COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 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 \$ 19,579.92					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 140,000.00			
18 AFFIDAVIT		l swear, or affirm, under penalty of per true and correct and includes all inform under <b>/</b> ¶itle 15, Election <b>G</b> ode.				
SAN JUANITA WOLFE Notary Public, State of Texas My Commission Expires March 20, 2017  Signature of Candidate or Officeholder						
AFFIX NOTARY STAM	P/SEALABOVE	and the second s				
Sworn to and subsc			this the 15th			
day of <u>July</u>	, 20 <u>16</u> ,	to certify which, witness my hand and seal of office.				
San Juani	Ha Lessel	San Juanita Wolfe	Legal Assistant			
Signature of officer a	administering oath	V Printed name of officer administering oath	Title of officer administering oath			

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics C					
Edd	die Trevino, Jr.					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,500.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<sup>\$</sup> 1,525.00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,220.45				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ONS \$				

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  2 FILER NAME Eddie Trevino, Jr.  4 Date 5 Full name of contributor   out-of-state PAC (IDF:	•						
Eddie Trevino, Jr.  4 Date 5 Full name of contributor   out-of-state PAC (IDF:   7 Amount of contribution (\$)  5/11/2016   Donald & Patricia A. Crow   \$ 100.00  6 Contributor address:   City: State:   Zip Code   484 Central Avenue   Brownsville, Texas 78521  8 Principal occupation / Job title (See Instructions)  Retired  Date   Full name of contributor   out-of-state PAC (IDF:	The	e Instruction Guide explains how to complete this	s form.	<b>,</b> =			
4 Date   5 Full name of contributor   collection PAC (IDF   5/11/2016   Donald & Patricia A. Crow   6 Contributor address:   City: State; Zip Code   484 Central Avenue   Brownsville, Texas 78521   S Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)   Amount of contribution (\$)   S 500.00	2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)			
5/11/2016 Donald & Patricia A. Crow 6 Contributor address: City: State: Zip Code 484 Central Avenue Brownsville, Texas 78521  8 Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor	Eddie Trevin	o, Jr.					
6 Contributor address; City: State: Zip Code 484 Central Avenue Brownsville, Texas 78521  8 Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)  Norma Linda Alaniz \$500.00  Frincipal occupation / Job title (See Instructions)  Business Owner  Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)  B. Cantu, Jr. \$200.00  Frincipal occupation / Job title (See Instructions)  B. Cantu, Jr. \$200.00  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  B. Cantu, Jr. \$200.00  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Fincipal occupation / Job title (See Instructions)  Employer (See Instructions)	4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)			
Retired  Date   Full name of contributor   out-of-state PAC (ID#:	5/11/2016		e; Zip Code	\$ 100.00			
Date   Full name of contributor   Out-of-state PAC (ID#:		484 Central Avenue Brownsville, Tex	as 78521				
Date   Full name of contributor   Out-of-state PAC (ID#:	8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Norma Linda Alaniz  Contributor address; City; State; Zip Code P.O. Box 217, Rio Hondo Texas 78583   Principal occupation / Job title (See Instructions)  Business Owner  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  B. Cantu, Jr. S200.00  5/14/2016 Contributor address; City; State; Zip Code 1408 Pine Ct., Harlingen, Texas 78550  Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$ 250.00  5/15/2016 Contributor address; City; State; Zip Code 2605 Laurel Valley Ln., Arlington, Texas 76006-4017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Retired						
Contributor address; City: State; Zip Code P.O. Box 217, Rio Hondo Texas 78583  Principal occupation / Job title (See Instructions)  Business Owner  Date Full name of contributor   out-of-state PAC (ID#:	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code   P.O. Box 217, Rio Hondo Texas 78583		Norma Linda Alaniz		\$ 500 00			
Principal occupation / Job title (See Instructions)  Business Owner  Date Full name of contributor out-of-state PAC (ID#:	5/14/2016	Contributor address; City; Stat	e; Zip Code	ψ 500.00			
Business Owner  Date Full name of contributor out-of-state PAC (ID#:	3/14/2010	P.O. Box 217, Rio Hondo Texas 78583					
Date Full name of contributor out-of-state PAC (ID#:	Principal occu	 upation / Job title (See Instructions)	Employer (See Instruc	tions)			
B. Cantu, Jr.  Contributor address; City; State; Zip Code  1408 Pine Ct., Harlingen, Texas 78550  Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor Contributor Contributor out-of-state PAC (ID#:	•						
B. Cantu, Jr.  Contributor address; City; State; Zip Code  1408 Pine Ct., Harlingen, Texas 78550  Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor Contributor address; City; State; Zip Code  2605 Laurel Valley Ln., Arlington, Texas 76006-4017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$ 250.00	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Solution				•			
Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  Solution D. Ford Contributor address; City; State; Zip Code  2605 Laurel Valley Ln., Arlington, Texas 76006-4017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$250.00  \$250.00  Employer (See Instructions)	J/1 <del>4</del> /4VIV	1409 Bins Ct. Harlinger, Tarres 79550	1				
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)	Principal occi	•		tions)			
Barton D. Ford	•		,				
5/15/2016  Contributor address; City; State; Zip Code  2605 Laurel Valley Ln., Arlington, Texas 76006-4017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
2605 Laurel Valley Ln., Arlington, Texas 76006-4017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	5/15/2016	Contributor address; City; State; Zip Code					
This part occupation, and the term in the		2605 Laurel Valley Ln., Arlington, Tex	as 76006-4017				
Attorney	Principal occ			ctions)			
	Attorney						
	İ						
		ATTAQUI ADDITIQUAL CODICO	OF THIS SCHEDULE AS N	EEDED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Į		OF THIS SCHEDULE AS N trustian quide for additiona				

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. O. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eddie Trevino, Jr. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor aut-of-state PAC (ID#:\_ \$ 200.00 Juan Varela 5/17/2016 City; State: Zip Code 6 Contributor address; 3180 Calle Maravillosa, Brownsville, Texas 78526 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Business Owner** Full name of contributor Date out-of-state PAG (ID#:\_\_\_ Amount of contribution (\$) Conrad & Alice Bodden \$ 5,000.00 5/19/2016 Contributor address; City; State; Zip Code 1600 Santa Ana Ave., Rancho Viejo, Texas 78575 Employer (See Instructions) Principal occupation / Job title (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#;\_\_\_ Date Amount of contribution (\$) Scot Campbell \$ 5,000.00 6/1/2016City; State; Zip Code Contributor address: 1210 E. Tyler, Harlingen, Texas 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Developer Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ Kevin Campbell Contributor address; 6/1/2016 \$2,500.00 City; State; Zip Code 1210 E. Tyler, Harlingen, Texas 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Developer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eddie Trevino, Jr. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (IOIt:\_\_\_\_ \$2,500.00 Scot Campbell 6/1/2016 6 Contributor address: City; State; Zip Code 1210 E. Tyler, Harlingen, Texas 78550 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Developer Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) Gregory B. Kelly City: State; Zip Code 6/1/2016 \$250.00 2732 Stanford Ave., Dallas, Texas 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Dut-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Louis H. Jones, Jr. City: State; Zip Code 6/2/2016 \$ 5,000.00 3100 W. Alabama St., Houston, Texas 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Full name of contributor Amount of contribution (\$) Date out-of-state PAC (ID#:\_\_\_\_ Genaro Alvarez 5/14/16 \$1,500.00 Contributor address; City; State; Zip Code 542 S.Travis St., San Benito, Texas 78586 Employer (See Instructions) Principal occupation / Job title (See Instructions) Electrician ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAMI		3 Filer ID (Ethics Commission Filers)		
Eddie Trevin	o, Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
5/14/2016	Lisa A. Esteve 6 Contributor address; City; State; Zip Code	\$ 1,500.00		
	45 Calle Jacaranda, Brownsville, Texas 78520			
8 Principal occ	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Teacher				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	John D. Guevara	\$ 500.00		
5/25/2016	Contributor address; City; State; Zip Code			
	3205 Seminole Court, Harlingen, Texas 78550			
Delegian) occur	pation / Job title (See Instructions) Employer (See Instruct	tions)		
•	partiting door title (door institutions)	,		
Attorney				
Date	Full name of contributor   out-o(-state PAC (ID#:)	Amount of contribution (\$)		
5/25/2016	Paul D. Chapa	\$ 500.00		
	8022 Saint Laurent Dr., Corpus Christi, Tx 78414			
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Attorney				
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Linebarger Goggan Blair & Smpson, LLP \$3,500.00			
5/25/2016	Contributor address; City; Slate; Zip Code			
	P.O. Box 17428, Austin, Texas 78760			
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Attorneys				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	EEDED reporting requirements.		

Th	e Instruction Guide explains how to complete this	form.	1. Total pages Schedule At:		
2 FILER NAM	5		3 Filer ID (Ethics Commission Filers		
Eddie Trevi					
4 Date		(ID#;)	7 Amount of contribution (\$)		
5/31/2016	Ricardo Canales 6 Contributor address: City; State:	: Zíp Code	\$ 500.00		
	336 Royal St., Edinburg, Texas 78				
3 Principal occ		9 Employer (See Instruc	ໂໂຕກຣ)		
Date	Full name of contributor	(lo#:)	Amount of contribution (\$)		
6/14/2016	Edward A. Cook, IV		\$ 5,000.00		
	Contributor address; City; State;	Zip Cade			
	1628 Battle Creek Dr., Frisco, Texa	s 75034-6567			
Principal occu Business Owi	pation / Job title (See Instructions) ner	Employer (See Instruct	ons)		
Date	Full name of contributor	(10#:)	Amount of contribution (\$)		
6/21/2016	Alfred M. Kowalski Contributor address; City: State;	Zip Gode	\$ 200.00		
	4974 Kevin, Brownsville, Texas 7852	21			
Principal occu	pation / Job fittle (See Instructions)	Employer (See Instruct	ons)		
elf Employed					
Date	Full name of contributor out-of-state PAC (	(io#:	Amount of contribution (\$)		
/27/2016	Edith T. McCumber \$ 300.00				
	,	Zip Code			
	540 Rancho Perdido, Olmito Texas	s 78575			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
tetail Sales					

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Eddie Trevino, Jr. 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAG (ID#:\_\_ \$ 1,500.00 6/28/16 Adolfo Luis Pereira 6 Contributor address; City; State; Zip Code 5251 Wilderness Drive, Brownsville, Texas 78526 9 Employer (See Instructions) 8 Principal occupation / Job title (See instructions) Construction Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	I.	1 Total pages Schedule A2:
2 FILER NAME Eddie Trevi			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS	\$
5 <sub>Date</sub> 5/24/2016	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State; Zip Cod 3154 Central Blvd., Brownsville, Texas 78		\$ 1,525.00
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Con	, . , . , . , de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	I cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	·
	· ·		
12	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction	THIS SCHED	OULE AS NEEDED additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 is lender a financial Institution?	B Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
Y N			• • maturity date
12 Principal occupation	 on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupa		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	PAC (IDII:)	Loan Amount (\$)
2 2.00 0.10 0.11		/	
ls lender a financial			Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable			
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
lf.	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N	EEDED eporting requirements.

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Eddie Trevino, Jr.  Date  5 Payee name  Leslie Gower  6 Amount (\$)  7 Payee address; City; State; Zip Code  1401 E. Griffen Parkway, Mission, Texas 78572  \$ 1,996.60  8 PURPOSE OF EXPENDITURE  Phone Banking  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Breeden McCumber  S/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$ 5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Phone Banking  Candidate / Office holder name  Office sought  Description  Category (See Categories listed at the top of this schedule)  Payee address; City; State; Zip Code  \$ 5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if Austin, TX, officeholder living	s Commission Filers)
1 Total pages Schedule F1: 2 FILER NAME Eddie Trevino, Jr.  4 Date 5 Payee name 5/16/2016 Leslie Gower  6 Amount (\$) 7 Payee address; City: State; Zip Code 1401 E. Griffen Parkway, Mission, Texas 78572  \$ 1,996.60 8 (a) Category (See Categories listed at the top of this schedule) Check it ravel outside of Texas. Complete: CF EXPENDITURE  Phone Banking  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Breeden McCumber  5/18/2016  Amount (\$) Payee address; City: State; Zip Code  \$ 5,000.00 P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule) Description  Category (See Categories listed at the top of this schedule) Description  Check if Austin. TX. officeholder living Check if travel outside of Texas. Complete Specific Check if Travel outside of Texas. Complete Check if Travel outside of Texas. Complete Check if Travel outside of Texas. Complete Specific Check if Travel outside of Texas. Complete Complete ONLY if direct Candidate / Officeholder name Office sought	Schedule T. expense
Eddic Trevino, Jr.  5	Schedule T. expense
4 Date   5 Payee name	expense
Leslie Gower   7 Payee address; City; State; Zip Code   1401 E. Griffen Parkway, Mission, Texas 78572   \$1,996.60   (a) Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought	expense
7 Payee address; City; State; Zip Code  1401 E. Griffen Parkway, Mission, Texas 78572  \$ 1,996.60  8 PURPOSE OF EXPENDITURE  Phone Banking  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Breeden McCumber  5/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$ 5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living  Description  Category (See Categories listed at the top of this schedule)  Advertising & Political Consulting  Check if Austin, TX, officeholder living	expense
\$ 1,996.60  8 PURPOSE OF EXPENDITURE  Phone Banking  Candidate / Officeholder name  Payee name Breeden McCumber  Payee address;  City; State; Zip Code  \$5,000.00  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Payee name  Breeden McCumber  Category (See Categories listed at the top of this schedule)  Payee name  Breeden McCumber  Category (See Categories listed at the top of this schedule)  Payee address;  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising & Political Consulting  Check if ravel outside of Texas. Complete Schedule)  Check if Austin, TX, officeholder living  Complete ONLY if direct  Candidate / Officeholder name	expense
\$ 1,996.60  8 PURPOSE OF EXPENDITURE  Phone Banking  Candidate / Officeholder name  Office sought  Payee name  Breeden McCumber  S/18/2016  Amount (\$)  Payee address;  City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Officeholder name  Office sought  Description  Check if Austin, TX, officeholder living  Description  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought	expense
\$ 1,996.60  8 PURPOSE OF EXPENDITURE Phone Banking  Candidate / Officeholder name  Office sought  Payee name Breeden McCumber  S/18/2016  Amount (\$) Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Officeholder name  Office sought  Description  Check if Austin, TX, officeholder living  Description  Category (See Categories listed at the top of this schedule)  Advertising & Political Consulting  Candidate / Office holder name  Office sought	expense
Purpose OF EXPENDITURE	expense
PURPOSE OF EXPENDITURE  Phone Banking  Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Office sought  Office sought  Date  Payee name Breeden McCumber  S/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought  Office sought	expense
Phone Banking  9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Breeden McCumber  5/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Office holder name  Office sought  Check if Austin, TX, officeholder living  Complete ONLY if direct  Candidate / Officeholder name  Office sought	expense
Phone Banking  Candidate / Officeholder name Office sought  Date Date Payee name Breeden McCumber  S/18/2016 Amount (\$) Payee address; City; State; Zip Code  \$5,000.00 P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule) OF EXPENDITURE  Complete ONLY if direct Candidate / Officeholder name  Office sought  Office sought	
Phone Banking  Candidate / Officeholder name  Office sought  Date  Payee name  Breeden McCumber  S/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Breeden McCumber  5/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  OF EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office sought	Office held
Date  Payee name  Breeden McCumber  5/18/2016  Amount (\$)  Payee address; City; State; Zip Code  \$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Office holder name  Office sought	Office held
Date Payee name    S/18/2016   Breeden McCumber	
Breeden McCumber    Solution   Payee address;   City;   State;   Zip Code	
Breeden McCumber    Solution   Payee address;   City;   State;   Zip Code	
Amount (\$) Payee address; City; State; Zip Code  \$5,000.00 P.O. Box 5686, Brownsville, Texas 78520  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  City; State; Zip Code  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Signature Check if Austin, TX, officeholder living	
Amount (\$) Payee address; City; State; Zip Code  \$5,000.00 P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  OF EXPENDITURE  Candidate / Office Political Consulting  Complete ONLY if direct  Candidate / Office holder name  Office sought	
\$5,000.00  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  OF EXPENDITURE  Candidate / Officeholder name  Complete ONLY if direct  P.O. Box 5686, Brownsville, Texas 78520  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Signature of Check if Austin, TX, officeholder living  Complete ONLY if direct  Candidate / Officeholder name  Office sought	
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising & Political Consulting  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Signature of Texas. Com	
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Advertising & Political Consulting  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Signature of Texas. Com	
PURPOSE OF EXPENDITURE  Advertising & Political Consulting  Check if ravel outside of Texas. Complete S Check if Austin, TX, officeholder living  Complete ONLY if direct  Candidate / Officeholder name  Office sought	
OF EXPENDITURE  Advertising & Political Consulting  Check if Austln, TX, officeholder fiving  Complete ONLY if direct  Candidate / Officeholder name  Office sought	
OF EXPENDITURE  Advertising & Political Consulting  Check if Austin, TX, officeholder fiving  Complete ONLY if direct  Candidate / Officeholder name  Office sought	chedule T.
Complete ONLY if direct  Candidate / Officeholder name  Office sought	expense
Complete ONE I timed	
Complete ONE I timed	
	Office held
expenditure to benefit C/OH	
Date Payee name	
Leslie Gower	
5/20/2016 Ecsile Gower	
Amount (\$) Payee address; City; State; Zip Code	
1401 E. Griffen, Mission, Texas	
\$2,001.00	
Category (See Categories listed at the top of this schedule)  Description	
PURPOSE Check if travel outside of Texas, Complete S	
OF Check if Austin, TX, officeholder living EXPENDITURE	chedule T.
Phone Banking	
Complete ONLY if direct Candidate / Officeholder name Office sought	
expenditure to benefit C/OH	
	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	expense

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Mamorials Expense Consulling Expense Contributions/Donations Made By Polling Expense Trave! In District Printing Expense Travel Out Of District Legal Services Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Eddie Trevino, Jr. 4 Date 5 Payee name Dann Rivera 5/23/2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526 \$ 900.00 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Phone Banking Check it Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/23/2016 Maria Theresa Kaun Payee address; City; State; Zip Code Amount (\$) 1 West University Blvd., Brownsville Texas 78520 \$ 250.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, afficeholder living expense OF Sponsorship EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date Leslie Gower 5/27/2016 City; State; Zip Code Amount (\$) Payee address; \$2,362.17 1401 E. Griffen, Mission, Texas Category (See Categories fisted at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE \_ Check if Austin, TX, officeholder living expense Phone Banking Office held Office sought Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH

## SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Gredit Card Payment	3y af Committee	Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overling Expending Expe	ense iges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	Τ.		13 (IOW (O CO	inplete this form.	9 Eller ID (Ethics Commission Ellers)
1 Total pages Schedule F1:	1	iame revino, Jr.			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee na	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A. C.
6/1/2016	Salvad	or Molar			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 416.08	5082 Ca:	melia St., Brownsville,	Texas 78	3521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, Complete Schedule T,  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Office held
Date	Payee na	nme			
6/1/2016	Smart Marketing				
Amount (\$)	Payee address; City: State; Zip Code				
\$541.25	30 Providencia Ct., Brownsville, Texas 78526				
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 <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Office held
Date	Payee na	ame			
6/1/2016	The Grafik				
Amount (\$)	Payee at	ddress; City; State; Z	ip Code		
\$4,773.83	1265 N. Expressway 83, Brownsville, Texas 78520				
		(See Categories listed at the top of this s	1	Description	
PURPOSE				[ <del></del>	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertis	ing, Signs		L Check if Austin	, TX, olficeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol		ate / Officeholder name		Office sought	Office held
-	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethics Commission Filers)	
5	Eddie Tre	vino, Jr.	,,			
4 Date 6/1/2016	5 Payee na Breeden I	McCumber				
6 Amount (\$)	7 Payee ad	dress; City; State; Zi	p Code			
\$5,777.21	5,777.21 PO Box 5686, Brownsville, Texas 78520					
8	(a) Category	(See Categories listed at the top of this so	hedule)	(b) Description		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.				tside of Texas. Complete Schedule T.	
OF	Advertisii	ng & Political Consultin	ng	Check if Austin.	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ite / Officeholder name		Office sought	Office held	
Date	Payee nar	пе				
6/10/2016	Maria De Leon					
Amount (\$)	Payee address; City; State: Zip Code					
\$500.00	3032 Resaca Vista Dr., Brownsville, Texas 78526					
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		te / Officeholder name	!	Office sought	Office held	
Date	Payee nai	me				
6/22/2016	-	e Little Miss Kickball				
Amount (\$)	Payee add	dress; City; State; Zip	Code			
\$ 200.00		zalez Drive, Brownsyi				
	Category	(See Gategories listed at the top of this so	uadria)	Description	side of Texas, Complete Schedule T.	
PURPOSE				<u></u>	· ·	
OF EXPENDITURE	Sponsors	ship	дод <sub>т</sub> а дода до дене	E Uneck if Austin,	TX, officeholder flying expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held	
	ATT	ACH ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEE	DED	

#### SCHEDULE F1

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

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

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

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

Credil Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule FI: 2 FILER NAME <u>Eddie Trevino, Jr.</u> 5 Payee name 4 Date Juan Torres 6/29/2016 7 Payee address; City; State; Zip Code 6 Amount (\$) 43 Calgary Ct., Brownsville, Texas 78526 \$1,200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description \_\_ Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX. afficeholder living expense OF EXPENDITURE Contract Labor Removal of Signs Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) \_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/C	Travel In District Travel Out Of District contract Labor Other (enter a category not listed above)		
	The Instruction Guide expla	ins how to comple	te this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State:	; Zip Code			
9 TYPE OF EXPENDITURE	Political [	Non-Political			
10	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE			Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office s	sought Office held		
Amount (\$)	Payee address; City; State	; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS NEEDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

		1 Total pages Schedule F3:
Ti	ne Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E 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/Politica		Loan Repayment/Reimbursem Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo	rransportation Equipment & Related Expense Travel In District Travel Out Of District			
Candidate/Officerroider/Forfice	The Instruction Guide explai	ns how to complete this for	m			
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  Eddie Trevino, Jr.						
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date	6 Payee name					
5/14/2016	Facebook					
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
\$740.83	1601 Willow Rd., Menio Park	California 94025				
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of	his schedule) (b) Desc	cription			
PURPOSE			Check if travel outside of Texas, Complete Schedule T.			
OF Expenditure	Social Media		Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
5/16/2016	Facebook					
Amount (\$)	Payee address; City; State:	Zip Code				
\$ 740.83	1601 Willow Rd., Menio Par	k California 94025				
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of	(IIIS SUITOGGIO)	cription			
PURPOSE			Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Social Media		Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	AS NEEDED			

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Politing Expense Printing Expense Salaries/Wages/	e	Travel in District Travel Out Of District Other (enter a category not listed above)
The instruction Guide explains how to complete this form.					
1 Total päges Schedule F4:	2 FILER	NAME revino, Jr			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGED	TOACRED	IT CARD	\$
5 Date	5 Date 6 Payee name				
5/19/2016	Faceboo		_ <del>-</del>		
7 Amount (\$)	7 Amount (\$) 8 Payee address; City; State: Zip Code				
\$ 738.79	1601 W	illow Rd., Menio Park,	California !	94025	· · · · · · · · · · · · · · · · · · ·
9 TYPE OF EXPENDITURE	$\mathbf{x}$	Political	Non-Politica		
10	(a) Catego	ory (See Categories listed at the top of th	is schedule)	(b) Description	'n
PURPOSE				Checkil	travel outside of Texas, Complete Schedule T,
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense
	Social M	<b>1</b> edia			
11 Complete ONLY if direct expenditure to benefit C/Ot		didate / Officeholder name	Öffice	sought	Office held
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	ų.	
	Catego	ory (See Calegories listed at the top of th	is schedule)	Description	än
PURPOSE				Check if	travel outside of Texas: Complete Schedule T.
OF EXPENDITURE				Check-	lf Áustin, TX, officeholder llying expense
Complete ONLY if direct expenditure to benefit C/Ot		ndidate / Officeholder name	Office	sought	Öffice held
	ATTA	CH ADDITIONAL COPIES C	OF THIS SCH	EDULE AS NE	EDED

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

#### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting Expense Contributions/Donations Made E	By Gift	/Awards/Memorials Expense	Printing Expense	Travel Out Of District Other (enter a category not listed above)	
Candidate/Officeholder/Politic Credit Card Payment		gal Services	Salaries/Wages/Contract Labor	Other (enter a category not used above)	
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee addres	s; City; State; Zip	Code		
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of this sch	Check if travel outsi	de of Texas. Complete Schedule T. TX, officeholder fiving expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C		/ Officeholder name	Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee addres	s; City; State; Zip	) Code		
Relmbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this sch	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		/ Officeholder name	Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee addres	ss; City; State; Zip	o Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this sci	Check if travel outs	ide of Texas, Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		/ Officeholder name	Office sought	Office held	
	ATTACH	I ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED	

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

#### SCHEDULE H

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule H:	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business	name		
6 Amount (\$)	7 Business	address; City; State; Z	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	Check if travel out	tside of Texas, Complete Schedule T, , TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	Check if travel out	itside of Texas. Complete Schedule T. i, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held
Date	Business	name		
Amount (\$)	Business	address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

#### SCHEDULE !

The Instruction Guide explains how to complete this form.					
_		3 Filer ID (Ethics Commission Filers)			
1 Total pages Schedule I:	2 FILER NAME	C THE TE (Edited Sammadish Filoto)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

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

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

#### SCHEDULE T

The Instruction Guide explains how to complete this form.  1 Total pages Schedule T:						
2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B						
6 Dates of travel	7 Name of person(s	) traveling				
	8 Departure city or n	ame of departure loca	iion			
	9 Destination city or	name of destination lo	cation			
10 Means of transportati	on 11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)	****	
Name of Contributor	Corporation or Labor C	Organization / Pledgor	/ Payee			
Contribution / Expend	liture reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1	1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule E	B-SS	
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
	Destination city or	name of destination lo	cation			
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Corporation or Labor (	Organization / Pledgor	/ Payee			
Contribution / Expend	liture reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule 6	B-SS	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	ion Purp	ose of travel (including	name of conference,	seminar, or other event)		
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4	FILER Com	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from 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.
	В,	ASSETS
	Chec	k 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	OFFIC	EHOLDER uplete this section <i>only</i> if you are an officeholder
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder