

Eddie Jr. 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: <div style="text-align: center; font-size: 24px; font-weight: bold;">27</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ediberto J	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</p> <p style="text-align: center; margin: 5px 0; font-size: 18px; font-weight: bold;">JAN 17 2017</p> <p style="text-align: center; margin: 5px 0;">4:02 P.M.</p> <p style="text-align: center; margin: 5px 0;">RECEIVED</p> <p style="margin: 5px 0;">BY: </p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX Eddie Trevino Jr.	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 805 Media Luna, Ste 300 Brownsville, Texas 78520 <input type="checkbox"/> Change of Address								
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 554-0683	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Evangelina J								
NICKNAME LAST SUFFIX Trevino	7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1552 Palm Blvd., Ste. 8, Brownsville, Texas 78520 (Residence or Business)								
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (956) 542-7160	9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED Month Day Year Month Day Year 07 / 01 / 2016 THROUGH 12 / 31 / 2016	11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 07 / 2016 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE OFFICE HELD (if any) Cameron County Judge	13 OFFICE SOUGHT (if known)								

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.

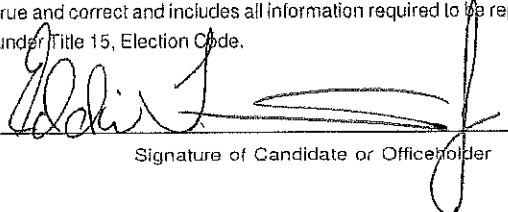
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

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)	\$ 88,890.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 55,872.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53,643.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 90,000.00

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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eddie Trevino, Jr., this the 17th day of January, 20 17, to certify which, witness my hand and seal of office.

San Juanita Wolfe San Juanita Wolfe Legal Assistant
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Eddie Trevino, Jr.	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 88,890.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 55,872.01
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input 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:
18

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/1/2016

5 Full name of contributor

James K. Pemelton

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

7 Amount of contribution (\$)

\$ 2,500.00

6 Contributor address;

29130 Adams Drive

City; State; Zip Code

La Feria, Texas 78559

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

7/6/2016

Full name of contributor

Bharat R. Patel

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

Amount of contribution (\$)

\$ 15,000.00

Contributor address;

350 Padre Blvd,

City; State; Zip Code

South Padre Island, Tx 78597

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

7/6/2016

Full name of contributor

Dennis W. Stahl

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

Amount of contribution (\$)

\$ 5,000.00

Contributor address;

5803 Laguna Circle North, South Padre Island, Tx 78597

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

7/7/2016

Full name of contributor

Clayton Brashear

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

Amount of contribution (\$)

\$ 5,000.00

Contributor address;

P.O. Box 2344,

City; State; Zip Code

South Padre Island, Tx 78597

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
7/8/2016

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

7 Amount of contribution (\$)
\$ 500.00

6 Contributor address; City; State; Zip Code
P. O. Box 271 Harlingen, Texas 78551

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

7/14/2016

Nicholas T. Serafy, Jr.
Contributor address; City; State; Zip Code

\$ 500.00

205 W. Levee St. Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Date

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

Amount of contribution (\$)

7/20/2016

Norbert S. Ewers
Contributor address; City; State; Zip Code

\$ 500.00

138 Palm Valley Dr. W Harlingen, Texas 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

7/20/2016

Rene Capistran
Contributor address; City; State; Zip Code

\$ 500.00

873 Rustic Manor Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Contractor

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
18

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/2016

5 Full name of contributor

Tudor G. Uhlhorn

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

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

2601 S. 77 Sunshine Strip, Harlingen Tx. 78550

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Julie Uhlhorn Allen

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2601 S. 77 Sunshine Strip, Harlingen, Tx 78550

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Martha Uhlhorn

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2601 S. 77 Sunshine Strip, Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Robert F. Farris

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

PO Box 1870 Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/2016

5 Full name of contributor

Legacy Investment Properties

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

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address:

PO Box 2

City:

Harlingen, Texas

State:

Zip Code

78551

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Date

7/21/2016

Full name of contributor

William T. Peacok

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

Amount of contribution (\$)

\$ 250.00

Contributor address:

5313 Hurd Ct.

City:

Harlingen, Texas

State:

Zip Code

78552

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Louie E. Tijerina

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

Amount of contribution (\$)

\$ 250.00

Contributor address:

4544 Lakeway Dr. Brownsville, Tx

City:

State:

Zip Code

78520

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Juan Salas Jr. & Consuelo Salas

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

Amount of contribution (\$)

\$ 250.00

Contributor address:

613 S. M St.

City:

Harlingen, Texas

State:

Zip Code

78550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
18

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
7/21/2016

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

7 Amount of contribution (\$)
\$ 150.00

6 Contributor address; City; State; Zip Code
24078 Russell Lane, Harlingen, Texas 78552

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
7/21/2016

Full name of contributor out-of-state PAC (ID#: _____)
Joe D. Zayas

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
616 Escandon Rancho Viejo, Tx., 78575

Principal occupation / Job title (See Instructions)
Dentist

Employer (See Instructions)
Self

Date
7/21/2016

Full name of contributor out-of-state PAC (ID#: _____)
Maria D. Solis

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
1835 Don Quixote, Brownsville, Tx., 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2016

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

Amount of contribution (\$)
\$ 500.00

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

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
7/21/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael E. Gorges

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address: City: State: Zip Code
1275 N. Stuart Place Rd., Harlingen, Texas 78552

8 Principal occupation / Job title (See Instructions)
Investments

9 Employer (See Instructions)

Date
7/21/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address: City: State: Zip Code
1317 Palm Valley Dr. E Palm Valley, Tx 78552

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)

Date
7/21/2016

Full name of contributor out-of-state PAC (ID#: _____)
Raymond Cisneros, Jr.

Amount of contribution (\$)
\$ 250.00

Contributor address: City: State: Zip Code
5315 Papaya Circle, Harlingen, Tx 78552

Principal occupation / Job title (See Instructions)
Banker

Employer (See Instructions)

Date
7/21/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address: City: State: Zip Code
PO Box 842 Los Fresnos, Tx 78566

Principal occupation / Job title (See Instructions)
Construction

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

18 Total pages Schedule A1:

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
7/21/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Anita & Chris Boswell

7 Amount of contribution (\$)
\$ 500.00

6 Contributor address; City; State; Zip Code
1001 Stack Circle, Harlingen, Texas 78550

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
7/21/2016

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

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code
926 Travis St. Harlingen, Tx 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2016

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

Amount of contribution (\$)
\$ 40.00

Contributor address; City; State; Zip Code

7 Los Amigos Harlingen, Tx 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/16

Full name of contributor out-of-state PAC (ID#: _____)
Philip C. Lindsay

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
301 Palm Valley Dr. East Harlingen, Texas 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/2016

5 Full name of contributor

Vivian Teegardin D.D.S.

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address: City: State: Zip Code

1713 S. Dilworth Rd., Harlingen, Texas 78552

8 Principal occupation / Job title (See Instructions)

Dentist

9 Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Casa Las Americas Immigration Solutions, Inc.

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

Amount of contribution (\$)

\$ 100.00

Contributor address: City: State: Zip Code

217 South Cage Blvd., Pharr, TX 78577

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Victor D. Leal

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

Amount of contribution (\$)

\$ 100.00

Contributor address: City: State: Zip Code

2225 W. Arbor St. Harlingen, Texas 78552

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

7/21/2016

Full name of contributor

Francisco Castellanos

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

Amount of contribution (\$)

\$ 100.00

Contributor address: City: State: Zip Code

103 W. 20th St., Weslaco, Texas 78596

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18
2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie & Armando Elizarde, Jr. 6 Contributor address; City; State; Zip Code PO Box 2934 Harlingen, Texas 78551	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews & Kurth Contributor address; City; State; Zip Code 600 Travis, Ste. 4200, Houston, TX 77002	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)
Date 8/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Murdaugh Little & Bonham LLP Contributor address; City; State; Zip Code 2727 Allen Parkway, Ste 1100, Houston, TX 77019	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)
Date 8/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S & B Pac Contributor address; City; State; Zip Code PO Box 266245, Houston, Texas 77207	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions) Engineers		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18

2 FILER NAME

Eddie Trevino Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/2016

5 Full name of contributor

Manuel M. Vela

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

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

437 Jennifer Court, Harlingen, Texas 78550

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Date

8/16/2016

Full name of contributor

Eric Hoff

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

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

1314 E. Bus 83 Harlingen, Texas 78559

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

8/16/2016

Full name of contributor

Rene A. Ramirez

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

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

612 W. Nolana Ave Ste 415, McAllen, TX 78504

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

8/18/2016

Full name of contributor

Jesus Salinas

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

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

1201 E. Expressway 83, Mission, TX 78572

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

~~18~~ Total pages Schedule A1:

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/2016

5 Full name of contributor

Julio Cesar Cerda

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

6 Contributor address:

City; State; Zip Code

1602 Solar Dr., Mission, Texas 78574

7 Amount of contribution (\$)

\$ 1,500.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

8/18/2016

Full name of contributor

Jude A. Benavides

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

Contributor address:

City; State; Zip Code

4935 Lakeway Dr., Brownsville, Texas 78520

Amount of contribution (\$)

\$ 1,500.00

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Date

8/18/2016

Full name of contributor

Carlos M. Marin

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

Contributor address:

City; State; Zip Code

295 Calle Jacaranda, Brownsville, Texas 78520

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

8/19/2016

Full name of contributor

Arturo Cuellar, Jr.

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

Contributor address:

City; State; Zip Code

1900 E. 28th St. Weslaco, TX 78596

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Business Owner

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:
18

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
8/29/2016

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

7 Amount of contribution (\$)
\$ 1,000.00

6 Contributor address: City; State; Zip Code
300 S. 8th Street McAllen, Texas 78501

8 Principal occupation / Job title (See Instructions)
Architects

9 Employer (See Instructions)

Date
9/19/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
919 Congress Ave.Ste., 1100 Austin, TX 78701

Principal occupation / Job title (See Instructions)
Lobbyist

Employer (See Instructions)

Date
9/22/2016

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

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code
4680 Larkspur Dr Brownsville, Texas 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Gabriel's Heavenly Wings Management

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code
301 Lorenaly Dr. ST. C, Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/22/16

5 Full name of contributor out-of-state PAC (ID#: _____)
South Texas Corral, LLC

7 Amount of contribution (\$)
\$ 500.00

6 Contributor address; City; State; Zip Code

4555 N. Expressway 83, Brownsville, Tx 78520

8 Principal occupation / Job title (See Instructions)
Business

9 Employer (See Instructions)

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Ramiro Gonzalez, Jr.

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code

2690 N. Sam Houston, San Benito, Texas 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Focused Advocacy Political Action Committee

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code

823 Congress Ave St. 1200, Austin, Texas 78707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/22/2016

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

Amount of contribution (\$)
\$ 750.00

Contributor address; City; State; Zip Code

1334 Sunshine Rd. Brownsville, TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate Investor

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

¹ Total pages Schedule A1:
18

² FILER NAME
Eddie Trevino, Jr.

³ Filer ID (Ethics Commission Filers)

⁴ Date
9/22/2016

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

⁷ Amount of contribution (\$)
\$ 500.00

⁶ Contributor address; City; State; Zip Code
1641 Resaca Village Brownsville, TX 78521

⁸ Principal occupation / Job title (See Instructions)
Business Owner

⁹ Employer (See Instructions)

Date
9/22/2016

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

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
273 Rustic Manor Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)
Contractor

Employer (See Instructions)

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Ruben O'Bell

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code
4681 Larkspur Drive Brownsville, Texas 78526

Principal occupation / Job title (See Instructions)
Chief of Staff

Employer (See Instructions)

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Rene A. Ramirez

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
612 W. Nolana Ave, Ste. 415, McAllen, TX 78504

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

¹ Total pages Schedule A1:
18

² FILER NAME
Eddie Trevino, Jr.

³ Filer ID (Ethics Commission Filers)

⁴ Date
9/22/2016

⁵ Full name of contributor out-of-state PAC (ID#: _____)
Alfredo Garcia, Jr.

⁷ Amount of contribution (\$)
\$ 200.00

⁶ Contributor address; City; State; Zip Code
148 Lakeview St. South, San Benito, TX 78586

⁸ Principal occupation / Job title (See Instructions)

⁹ Employer (See Instructions)

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Andrew S. Painter

Amount of contribution (\$)
\$ 500.00

Contributor address; City; State; Zip Code
27935 Doane Rd., Harlingen, Texas 78552

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Ruben Gallegos, Jr.

Amount of contribution (\$)
\$ 1,000.00

Contributor address; City; State; Zip Code
594 Jose Marti Blvd. Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CEO/Business Owner

Date
9/22/2016

Full name of contributor out-of-state PAC (ID#: _____)
Juan T. Mendez, III

Amount of contribution (\$)
\$ 750.00

Contributor address; City; State; Zip Code
611 W. Levee, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/22/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Eddie Lucio, III

7 Amount of contribution (\$)
\$ 2,000.00

6 Contributor address: City: State: Zip Code
3705 Cottontail St. Brownsville, TX 78526

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
9/30/2016

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

Amount of contribution (\$)
\$ 2,000.00

Contributor address: City: State: Zip Code
6100 Hollywood Blvd. Hollywood, FL 33024

Principal occupation / Job title (See Instructions)
CEO/Business Owner

Employer (See Instructions)

Date
9/30/2016

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

Amount of contribution (\$)
\$ 2,000.00

Contributor address: City: State: Zip Code
6100 Hollywood Blvd., Hollywood, FL 33024

Principal occupation / Job title (See Instructions)
COO

Employer (See Instructions)

Date
9/30/2016

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

Amount of contribution (\$)
\$ 2,000.00

Contributor address: City: State: Zip Code
6100 Hollywood Blvd., Hollywood, FL 33024

Principal occupation / Job title (See Instructions)
Co-Owner

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

¹ Total pages Schedule A1:
18

² FILER NAME
Eddie Trevino, Jr.

³ Filer ID (Ethics Commission Filers)

⁴ Date
10/7/2016

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

⁷ Amount of contribution (\$)
\$ 2,500.00

⁶ Contributor address; City; State; Zip Code
1814 W. Warner, Chicago, IL 60658

⁸ Principal occupation / Job title (See Instructions)
Attorney

⁹ Employer (See Instructions)

Date
10/7/216

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

Amount of contribution (\$)
\$ 2,500.00

Contributor address; City; State; Zip Code
3127 N. Carriageway, Dr., Arlington HTS, IL 6004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/14/2016

Full name of contributor out-of-state PAC (ID#: _____)
Linbarger Goggan Blair & Sampson, LLP

Amount of contribution (\$)
\$ 5,000.00

Contributor address; City; State; Zip Code
PO Box 17428, Austin, Texas 78760

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date
10/14/2016

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

Amount of contribution (\$)
\$ 2,500.00

Contributor address; City; State; Zip Code
1201 N. Bowser Rd., Richardson, Tx 7501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/2016

5 Full name of contributor

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

Royston, Rayzor, Vickery & Williams, LLP
6 Contributor address; City; State; Zip Code

55 Cove Circle Brownsville, Texas 78521

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

Attorneys

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 7/2/2016	5 Payee name Donkey Graphics	
6 Amount (\$) \$ 617.20	7 Payee address; City; State; Zip Code 325 West Jefferson, Brownsville, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) T-Shirts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/2/2016	Payee name Pan American Golf Association		
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/2/2016	Payee name Salvador Molar		
Amount (\$) \$627.95	Payee address; City; State; Zip Code 5082 Camelia St., Brownsville, Texas 78521		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date 7/26/2016	5 Payee name International Bank Commerce			
6 Amount (\$) \$40,000.00	7 Payee address; City; State; Zip Code 1600 FM 802, Brownsville, Texas 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Loan Payment	(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%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date 8/12/2016	Payee name James Pace H.S.			
Amount (\$) \$ 150.00	Payee address; City; State; Zip Code 314 W. Los Ebanos, Brownsville, Texas 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	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%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date 8/30/2016	Payee name Boys Scouts of America			
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 2424, Harlingen, Texas 78551			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 8/30/2016		5 Payee name St. Joseph Academy			
6 Amount (\$) \$ 190.00		7 Payee address; City; State; Zip Code 101 St. Joseph Dr., Brownsville, Texas 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/9/2016		Payee name Cameron County Texas Democratic Women			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/19/2016		Payee name Eddie Trevino, Jr.			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Payment on Campaign Loan		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2016	5 Payee name Maria De Leon	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 3032 Resaca Vista Dr., Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11/21/2016	Payee name Miguel Mares	
Amount (\$) \$650.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food for Swearing In Party	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 11/22/2016	Payee name Arturo Hernandez	
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event music for Swearing in Party	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2016	5 Payee name Cobbleheads	
6 Amount (\$) \$ 2,095.25	7 Payee address; City; State; Zip Code 3154 Central Blvd., Brownsville, Texas 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food for Swearing In	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/2/2016	Payee name The Grafik	
Amount (\$) \$ 119.08	Payee address; City; State; Zip Code 1265 N. Expressway 83, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising, Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/2/2016	Payee name IBC	
Amount (\$) 22.53	Payee address; City; State; Zip Code 1600 FM 802, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Service Charge	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

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.

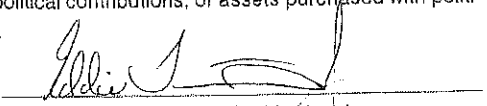
Signature of Candidate

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