

EDDIE
TREVINO JR.

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="font-size: 2em; text-align: center;">13</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ediberto J. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Eddie Trevino, Jr. Jr.	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received <div style="text-align: center;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</div> <div style="text-align: center; font-size: 1.2em;">JUL 17 2017</div> RECEIVED BY: <div style="text-align: right; font-size: 0.8em;">3:24 PM</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 805 Media Luna, St.300, Brownsville, Tx., 78520										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 554-0683										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Evangelina <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Trevino	Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 165 Calle Jacaranda, Brownsville, Tx., 78520										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-8177										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01 / 01 / 2017</td> <td></td> <td style="text-align: center;">06 / 30 / 2017</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2017		06 / 30 / 2017		
Month Day Year	THROUGH	Month Day Year									
01 / 01 / 2017		06 / 30 / 2017									
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 30,550.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 30,434.20

CONTRIBUTION
BALANCE

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

\$ 50,258.89

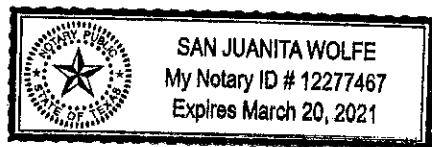
OUTSTANDING
LOAN TOTALS

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

\$ 70,000.00

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Eddie Treviño, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eddie Treviño, Jr., this the 17th day of July, 2017, to certify which, witness my hand and seal of office.

San Juanita Wolfe
Signature of officer administering oath

San Juanita Wolfe
Printed name of officer administering oath

Legal Assistant
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Eddie Trevino, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,550.00
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		\$ 30,434.20
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:
4

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
1/17/2017

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

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

6 Contributor address; City; State; Zip Code
1201 N. Bowser Rd., Richardson, Texas 75081

8 Principal occupation / Job title (See Instructions)
Engineers

9 Employer (See Instructions)

Date
1/17/2017

Full name of contributor out-of-state PAC (ID#: _____)
Royston, Razor, Vickery & Williamson

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

Contributor address; City; State; Zip Code
55 Cove Circle, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date
3/2/2017

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

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

Contributor address; City; State; Zip Code
1201 N. Bowser Rd., Richardson, Texas 75081

Principal occupation / Job title (See Instructions)
Engineers

Employer (See Instructions)

Date
3/2/2017

Full name of contributor out-of-state PAC (ID#: _____)
RABA-Kistner PAC, Inc.

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

Contributor address; City; State; Zip Code
P.O. Box 690287, San Antonio, Texas 78269

Principal occupation / Job title (See Instructions)
Engineers

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
3/2/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
HDR, Inc.

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

6 Contributor address; City; State; Zip Code
8404 Indiana Hills Drive, Omaha NE, 68114

8 Principal occupation / Job title (See Instructions)
Engineers

9 Employer (See Instructions)

Date
3/2/2017

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

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

Contributor address; City; State; Zip Code
PO Box 266245, Houston, Texas 77207

Principal occupation / Job title (See Instructions)
Engineers

Employer (See Instructions)

Date
3/2/2017

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

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

Contributor address; City; State; Zip Code
612 W. Nolana McAllen, Texas 78504

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)

Date
3/2/2017

Full name of contributor out-of-state PAC (ID#: _____)
Daniel & Alejandra Vela

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

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)
Pharmacist

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/2017

5 Full name of contributor

Border Health, PAC

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

7 Amount of contribution (\$)

\$ 10,000.00

6 Contributor address;

612 W. Nolana

City; State; Zip Code

McAllen, Texas 78504

8 Principal occupation / Job title (See Instructions)

Medical Professionals

9 Employer (See Instructions)

Date

3/17/2017

Full name of contributor

Linebarger, Goggan, Blair & Sampson

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

Amount of contribution (\$)

\$ 2,000.00

Contributor address;

P.O. Box 17425

City; State; Zip Code

Austin, Texas 78760

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

6/29/2017

Full name of contributor

Royston, Rayzor, Vickery & Williams, LLP

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

55 Cove Circle

City; State; Zip Code

Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

6/29/2017

Full name of contributor

GIGNA & Associates, LLP

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

416 Starr St.

City; State; Zip Code

Corpus Christi, Texas 78401

Principal occupation / Job title (See Instructions)

Architects

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2017

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

Esparza & Garza, LLP

7 Amount of contribution (\$)
\$ 500.00

6 Contributor address; City; State; Zip Code

964 E. Los Fresnos, Brownsville, Texas 78520

8 Principal occupation / Job title (See Instructions)
Attorneys

9 Employer (See Instructions)

Date
6/29/2017

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

Amalio I. Perez

Amount of contribution (\$)
\$ 50.00

Contributor address; City; State; Zip Code

133 Highland Drive Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
6/29/2017

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

Luis Armando & Diana Figueroa

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

Contributor address; City; State; Zip Code

1818 Northgate Lane, McAllen Texas 78504

Principal occupation / Job title (See Instructions)
Architect

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 3/22/2017	5 Payee name St. Joseph Academy
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 101 Saint Joseph Drive, Brownsville, Texas 78520
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/30/2017	Payee name SMKT Media Group
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Amount (\$) 1,139.86	Payee address; City; State; Zip Code 1713 Boca Chica, Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media, Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/2017	Payee name Eddie Trevino, Jr.
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Amount (\$) 20,000.00	Payee address; City; State; Zip Code 5145 Sugar Mill Rd., Brownsville, Texas 78526
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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
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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
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: **6** **2** FILER NAME
Eddie Trevino, Jr. **3** Filer ID (Ethics Commission Filers)

4 Date
4/5/2017 **5** Payee name
Dann Rivera

6 Amount (\$)
700.00 **7** Payee address; City; State; Zip Code
5196 Sugar Mill Rd., Brownsville, Texas 78526

8 PURPOSE OF EXPENDITURE
Research

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date
5/10/2017 Payee name
Brownsville Museum of Fine Arts

Amount (\$)
100.00 Payee address; City; State; Zip Code
660 E. Ringgold, Brownsville, Texas 78520

PURPOSE OF EXPENDITURE
Sponsorship

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date
5/26/2017 Payee name
Texas Democratic Party

Amount (\$)
1,000.00 Payee address; City; State; Zip Code
4818 E Ben White Bkvd., Ste 104, Austin, Texas 78741

PURPOSE OF EXPENDITURE
Renewal Filing Fee

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 6/2/2017	5 Payee name St. Joseph Academy
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 101 Saint Joseph Drive, Brownsville, Texas 78520
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/5/2017	Payee name BMG
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code PO Box 5686, Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising & Political Consulting	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 6/8/2017	Payee name Janie Wolfe
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Amount (\$) 900.00	Payee address; City; State; Zip Code 805 Media Luna, Ste. 300, Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Re-Election Event Expenses	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 6/8/2017	5 Payee name Brownsville Historical Assn.
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 510 E. St. Charles, Brownsville, Texas 78520
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Re-Election Event Rental	(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 6/8/2017	Payee name L.F. H.S. Cheerleading
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Amount (\$) 200.00	Payee address; City; State; Zip Code 907 N. Arroyo Blvd., Los Fresnos, Texas 78566
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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
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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 6/15/2017	Payee name Johnny Cavazos
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Amount (\$) 319.34	Payee address; City; State; Zip Code 1168 Squaw Valley Dr., Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Materials	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: 6	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 6/20/2017	5 Payee name Ismael Lozano
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6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code Brownsville, Texas 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BBQ 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/20/2017	Payee name Dulce Lezama
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Amount (\$) 687.50	Payee address; City; State; Zip Code 2512 Besscourt, Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Re-Election Event Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/20/2017	Payee name Norma Leal
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Amount (\$) 500.00	Payee address; City; State; Zip Code 2100 West San Marcelo Blvd. No. 192
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Re-Election Event Party Supplies	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
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: **6** 2 FILER NAME: **Eddie Trevino, Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date: **6/29/2017** 5 Payee name: **Martha Rico**

6 Amount (\$): **200.00** 7 Payee address; City; State; Zip Code: **1104 E. 7th St. Brownsville, Texas 78520**

8 PURPOSE OF EXPENDITURE: **Re-Election Event Bartender**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **6/29/2017** Payee name: **Dulce Lezama**

Amount (\$): **687.50** Payee address; City; State; Zip Code: **2512 Besscourt, Brownsville, Texas 78520**

PURPOSE OF EXPENDITURE: **Re-Election Event Food Expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **6/29/2017** Payee name: **Diego Nevarez**

Amount (\$): **300.00** Payee address; City; State; Zip Code: **1040 E. 7th St., Brownsville, Texas 78520**

PURPOSE OF EXPENDITURE: **Music- Re-Election Event**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED