# EDDIE TREVINO, JR.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Eddie Trevino, Jr.	Jr.	TABLETTA ALS MARKET
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 2200 Boca Chica, Ste. 102, B	rownsville, Tx., 78521	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
Change of Address			2.220MAN 1 6 2018
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 956 ) 554-0683	EXTENSION	ACCEIVED  Page Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Africant \$
TREASURER NAME	Mrs. Evangelina		Date Processed
	NICKNAME LAST Trevino	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 165 Calle Jacaranda, Brownsv		ZIP CODE
(Residence or Business)		·	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956 ) 459-8177	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07 / 1 / 2017	тнкоидн 12 /	´ 31 / 2017
11 ELECTION	ELECTION DATE  Month Day Year X Primary	ELECTION TYPE Runoff Other	
	03 / 06 /2018	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)
	Cameron County Judge		
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	r 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				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$			
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 39,878.24			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 70,000.00			
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 Vite 15, Election Code.  SAN JUANITA WOLFE My Notary ID # 12277467 Expires Merch 20, 2021  Signature of Candidate or Officeholder						
L L		by the said <u>Eddle Tresino</u> Tr	, this the 1wth			
day of Jonuary	louxeld	o certify which, witness my hand and seal of office.  San Juanita Wolfe Log  Printed name of officer administering oath	a kssistart			
Signature of officer a	unimistering Datif	i miled fiame of officer administering odur	LO O. OMOOF COMMISSIONING OREST			

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co					
Ede						
21		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1.	X	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 400.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		\$				
5.	X	\$ 10,780.65				
6.		\$				
7,		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.		\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ GOERO International LLC City: State; Zip Code \$ 400.00 8/28/2017 6 Contributor address; 300 South 8th Street McAllen, Texas 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Architects Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAG (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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$ . description		
	7 Contributor address; City; State; Zip Coo	, le	. Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> 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)	<b>15</b> Law firn	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#:	me of contributor  out-of-state PAC (ID#:) Amount of . In- Contribution \$ . de			
	Contributor address; City; State; Zip Co	,			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	rer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
*****		··			
If	ATTACH ADDITIONAL COPIES OF T				

#### 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 \$ . 9 In-kind contribution 5 Date 6 Full name of pledgor 8 Amount ut-of-state PAC (ID#:\_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code \_\_ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-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) Date Amount of In-kind contribution 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. Principal occupation / Job title (See Instructions) Employer (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?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupati	I 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 (\$)	
18 Guarantor address; City; State; Zip Code  ☐ not applicable  20 Principal Occupation (See Instructions)  21 Employer (See Instructions)				
			The state of the s	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zîp Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	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 Occupati	on (See Instructions)	Employer (See Instructions)		
1f I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PPIES OF THIS SCHEDULE AS NE		

# 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 now to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
7/5/2017	El Valle Noticias			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
956.25	3032 Resaca Vista Dr., Brownsville,	Texas 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising	Check if Austir	n, TX, officeholder living expense	
EXI ENDITORIE				
	Candidate / Officeholder name	Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/Ol		Office sought	Office field	
Date	Payee пате			
7/11/2017	Dann Rivera			
		· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City; State; Zip Code			
700.00	5196 Sugar Mill Rd., Brownsville, Te	exas 78526		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	December	Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Research	Check if Austin	n, TX, officeholder living expense	
EXPENDITURE	·			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
D-1-	Payee name			
Date 7/49/2047	Santa Rosa 4H Club			
7/18/2017	Santa Rosa 4n Club			
Amount (\$)	Payee address; City; State; Zip Code			
300.00	Santa Rosa, Texas 78526			
300.00	Jama Nosa, Texas 70020			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	BBO O	Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	BBQ Sponsorship	Check if Austin	n, TX, afficeholder living expense	
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Onice field	
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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Politro Expense

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

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Pr	offing Expense Travel out of District Travel Out of District alaries/Wages/Contract Labor Other (enter a category not listed above) ow to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Eddie Trevino, Jr.	
4 Date 7/18/2017	5 Payee name Veteran High School	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
160.00	4550 US-281, Brownsville, TX	78520
8	(a) Category (See Categories listed at the top of this sched	lule) (b) Description
PURPOSE OF EXPENDITURE	Ad Sponsorship	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/OF	Candidate / Officeholder name f	Office sought Office held
Date	Payee name	
7/21/2017	Gladys Porter H.S.	
Amount (\$)	Payee address; City; State; Zip Co	ode
160.00	3500 International Blvd, Browns	sville, TX 78521
	Category (See Categories listed at the top of this schedu	ule) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T,
OF EXPENDITURE	Ad Sponsorship	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/24/2017	Simon Rivera H.S.	
Amount (\$)	Payee address; City; State; Zip Co	de
160.00	6955 Ruben M Torres Blvd, Brow	wnsville, TX 78521
	Category (See Categories listed at the top of this schedule	,   500
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Ad Sponsorship	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 T	HIG SCHEDI II E AG 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/FundralsIng Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salari	ing Expense les/Wages/Contract Labor	Travel Out Of District Other (enter a category not fisted above)
`	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filers)
	Eddie Trevino, Jr.		
4 Date	5 Payee name		
7/24/2017	San Benito H.S.		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le	
125.00	450 S Oscar Williams Rd, San	Benito, TX 78586	3
8	(a) Category (See Categories listed at the top of this schedule)	) (b) Description	
		·   ` · · ·	utside of Texas. Comptete Schedule T.
PURPOSE OF EXPENDITURE	Ad Sponsorship		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1775
7/24/2017	Homer Hanna H.S.		
Amount (\$)	Payee address; City; State; Zip Code	9	
200.00	2615 E Price Rd, Brownsville, TX	78521	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel out	side of Texas, Complete Schedule T,
OF EXPENDITURE	Ad Sponsorship	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	100 400	
8/9/2017	St. Joseph Academy		
Amount (\$)	Payee address; City; State; Zip Code		
200.00	101 St Joseph Dr, Brownsville, TX	( 78520	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Ad Sponsorship		ide of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	)FD

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino. Jr. 4 Date 5 Payee name 8/9/2017 James Pace H.S. 6 Amount (\$) 7 Payee address; City; State; Zip Code 314 W Los Ebanos Blvd, Brownsville, TX 78520 150.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Ad Sponsorship **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 8/15/2017 El Valle Noticias Amount (\$) Payee address: City; State; Zip Code 956.25 3032 Resaca Vista Drive, Brownsville Texas Category (See Categories listed at the top of this schedule) Check if travet outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 8/28/2017 Lopez H.S. Amount (\$) Payee address; City; State; Zip Code 3205 S Dakota Ave, Brownsville, TX 78521 150.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Ad Sponsorship Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		Wages/Contract Lebor	Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explai	ins how to c	complete this form.	
1 Total pages Schedule F1:		_			3 Filer ID (Ethics Commission Filers)
8 4 Pata	7	Trevino, Jr.			
4 Date	5 Payee na				
9/1/2017	Eric Ga	arza Campaign Fund			
6 Amount (\$)	7 Payee ad	address; City; State; Z	Zip Code		
100.00	P.O. Bo	ox 4173, Brownsville,	Texas 7	78523-4173	
8	(a) Category	y (See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE		•		Check if travel or	outside of Texas. Complete Schedule T.
OF	A - 16 -	1.1		Check it Austi	in, TX, officeholder living expense
EXPENDITURE	Goit st	sponsorship	ļ		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	Office held
Date	Payee nar	ame			
10/11/2017	City of E	Brownsville			
Amount (\$)	Payee add	ddress; City; State; Z	Zip Code		
100.00	1001 E.	. Elizabeth St., Browns	sville, T	exas 78520	
	Category	/ (See Categories listed at the top of this se	schedule)	Description	
PURPOSE OF EXPENDITURE	Veterar	n's Program Book		Check if travel outs	utside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee nan	ıma			
10/31/2017	J&A Sp				
Amount (\$)	Payee add	dress; City; State; Zip	ip Code		
292.28					
	Category (	(See Categories listed at the top of this sci	chedule)	Description	
PURPOSE	~		]		side of Texas. Complete Schedule T.
OF EXPENDITURE	Campa	aign Banners		Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	te / Officeholder name		Office sought	Office held
		ACH ADDITIONAL COPIES C	OF THIS S	CUENTH E AS NEE!	DEN
	F-11 11.	AU) IMPULLIO ITME OUR INCO	۰ب بازادا ⊐ل	<b>りつにひひした さい 14mms</b>	JEU

## 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 Event Expense Food/Beverage Expense

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 5 Payee name 4 Date Breeden McCumber 10/24/201 6 Amount (\$) 7 Payee address; City; State; Zlp Code 260.87 P.O. Box 5686, Brownsville, Texas 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising & Political Consulting OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/31/2017 St. Mary's Church Amount (\$) Payee address; City; State; Zip Code 1914 Barnard Rd, Brownsville, TX 78520 1,000.00 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Sponsorship Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 11/9/2017 Charro Days Inc. Amount (\$) Payee address; City; State; Zip Code 50.00 455 E Elizabeth St, Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Christmas Parade Candidate / Officeholder name Office sought Complete ONLY if direct Office held 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/13/2017	Claudia De Los Santos		
6 Amount (\$)	7 Payee address; City; State; Z	lip Code	
725.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s  Campaign Vinyls	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/15/2017	Texas Democratic Party		
Amount (\$)	Payee address; City; State; Zi	p Code	4,000
1,250.00	4818 E. Ben White Blvd., S	te 104 Austin, Texas 7	'8741
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Filing Fee	1 ()	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/15/2017	Cameron County Democratic	Party	
Amount (\$)	Payee address; City; State; Zip	) Code	
250.00	P. O. Box 4647 Brownsville, TX	X 78523	
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/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDIJI E AS NEED	ren -

## 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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement 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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethles Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 11/21/2017 Dann Rivera 6 Amount (\$) 7 Payee address; City; State; Zip Code 5196 Sugar Mill Rd., Brownsville, Texas 78526 500.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Research Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/5/2017 City of San Benito Amount (\$) City; State; Zip Code Payee address; 35.00 401 North Sam Houston, San Benito, Texas 78586 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 Christmas Parade fee EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Oscar Palomo 12/29/2017 Amount (\$) Payee address; City; State; Zip Code 2,000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Li Check If Austin, TX, officeholder living expense EXPENDITURE Signs Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

# **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Potting Expense	Transportation Equipment & Related Expense Travel In District	
Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explai	ns how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLI	GATIONS	\$	
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 the	nis schedule) (b) Description	on	
PURPOSE		Check	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/Oł	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Calegories listed at the top of the	nis schedule) Description	on	
PURPOSE			travel outside of Texas, Complete Schedule T.	
OF EXPENDITURE		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				
	, , , , , , , , , , , , , , , , , , , ,			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NE	EDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

Т	The Instruction Guide explains how to complete this form.			1 Total pages Schedule F3:		
2 FILER NAME		3 File	r ID (Ethics Commission	n Filers)		
4 Date	5 Name of person from whom investment is purchased		1			
	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; City		State;	Zip Code		
	Description of investment					
***************************************	Amount of investment (\$)					
M-1411/A24115-07-47-1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED			

# **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE		tion kiftravel outside of Texas, Complete Schedule T. k if Austin, TX, officeholder living expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF Expenditure		tion kif travel outside of Texas. Complete Schedule ⊺. k if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Craft 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	•	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
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	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name	·	
Amount (\$)  Relimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

## SCHEDULE H

#### **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 Safaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / 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 schedule)	<del></del> 1	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code	3		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
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 Instruction Guide explains h	ow to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 5 Name of person from whom	amount is received		8 Amount (\$)
6 Address of person from who	om 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 who	om 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 who	om amount is received; Clty; State;	Zlp 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 who	m 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 Instru	ection Guide ex	plains how to complete t	his form.	1 Total pages Schedule T:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation or L	abor Organization / Pledgor	/ Payee		
5 Contribution / Expend Schedule A2 Schedule F2	Schedul Schedu	e B Schedule B(J) le F4 Schedule G	Schedule C2	Schedule D Schedule F	
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location				
	9 Destination	city or name of destination l	ocation		
10 Means of transportati	on <b>11</b>	Purpose of travel (including	ງ name of conference, s	eminar, or other event)	
Name of Contributor /	Corporation or L	_abor Organization / Pledgor	/ Payee		
Contribution / Expend	Schedule	B Schedule B(J)	Schedule C2	Schedule D Schedule F	
Schedule F2  Dates of travel	Schedul	le F4	Schedule H	Schedule COH-UC Schedule I	B-SS
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor /	Corporation or L	abor Organization / Pledgor	/ Payee		
Contribution / Expend	, 				
Schedule A2	Schedule		Schedule C2	Schedule D Schedule F	
Dates of travel		erson(s) traveling			
	Departure c	ity or name of departure loca	ation		
	Destination	city or name of destination l	ocation		
Means of transportati	on	Purpose of travel (including	ງ name of conference, ເ	seminar, or other event)	
	ATTA	CH ADDITIONAL 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/OHNAME  2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE			
	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 <i>only</i> if you are not an officeholder.				
	A.	CAMPAIGN FUNDS			
	Chec	canly 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			
	Checi	confy 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		EHOLDER plete 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			