

**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: <b>35</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Mr.                      Ediberto                      J.</b> ..... NICKNAME                      LAST                      SUFFIX <b>Eddie                      Trevino                      Jr.</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b>  <b>6:33<sup>m</sup> OCT 29 2018</b>  RECEIVED <i>[Signature]</i> BY: _____ Date Hand-delivered or Date Postmarked	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>2200 Boca Chica, Ste. 102, Brownsville, Tx 78521</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(956 ) 554-0683</b>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Evangelina</b> ..... NICKNAME                      LAST                      SUFFIX <b>Trevino</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>165 Calle Jacaranda, Brownsville, Texas 78520</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(956 ) 459-8177</b>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                                           Month                      Day                      Year <b>09 / 28 / 2018                      THROUGH                      10 / 27 / 2018</b>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <b>11 / 06 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)  <b>Cameron County Judge</b>	<b>13</b> OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

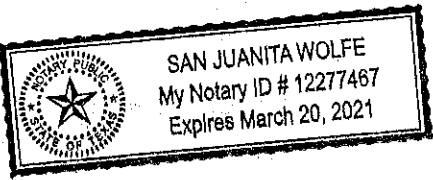
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 65.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,275.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 64,375.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,111.35
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**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

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

Sworn to and subscribed before me, by the said Eddie Trevino, Jr., this the 29th day of October, 2018, 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

Notary Public  
\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Eddie Trevino, Jr.</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,275.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,098.22
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 70,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 64,375.19
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 750.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/2018

5 Full name of contributor

Jack McClelland

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

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

2614 W. Freddy Gonzalez, Drive, Edinburg Tx 78539

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

LANDCO

Date

9/30/2018

Full name of contributor

Border Health PAC

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

Amount of contribution (\$)

\$ 10,000.00

Contributor address; City; State; Zip Code

612 W. Nolana Bldg. 300, Ste 340, McAllen, Texas 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2018

Full name of contributor

Mark A. Johnson

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

P.O. Box 5898, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

10/3/2018

Full name of contributor

Maria E. Solis

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

1835 Don Quixote, Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Brownsville Children's Clinic

**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: <b>6</b>
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/4/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hodge Shergold, LLP</b> 6 Contributor address; City; State; Zip Code <b>1534 E. 6th St., Ste 105, Brownsville Texas 78520</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>10/8/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hospitalist Services of South Texas LLC</b> Contributor address; City; State; Zip Code <b>4068 Trinity Trl, Brownsville, Texas 78520</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions) <b>Physician Assistant</b>		Employer (See Instructions)
Date <b>10/8/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Juan C. Del Angel</b> Contributor address; City; State; Zip Code <b>2307 Silverado S., Palmhurst Texas 78573</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions) <b>Executive Vice President</b>		Employer (See Instructions) <b>B2Z Engineering</b>
Date <b>10/8/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela CH Guillen</b> Contributor address; City; State; Zip Code <b>9055 Boca Chica Blvd., Brownsville, Texas 78521</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/2018

5 Full name of contributor

Joe D. De La Fuente

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1681 E. Los Ebanos, Brownsville, Texas 78520

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Re/Max Sun Valley Realtors

Date

10/10/2018

Full name of contributor

Estilita Balli

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

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

57 Shadow Brook Ln., Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

10/10/2018

Full name of contributor

Lydia Rodriguez

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

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

1335 Coral Ct., Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/10/2018

Full name of contributor

Romeo and Linda Montalvo

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

864 Central Blvd., Ste 2200, Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Physician

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:

6

2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date  
10/11/2018

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike McClelland

7 Amount of contribution (\$)  
\$ 500.00

6 Contributor address; City; State; Zip Code  
P.O. Box 2728, Harlingen, Texas 78551

8 Principal occupation / Job title (See Instructions)  
CPA

9 Employer (See Instructions)  
Self

Date  
10/13/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julie Uhlhorn Allen

Amount of contribution (\$)  
\$ 750.00

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  
10/13/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Martha S. Uhlhorn

Amount of contribution (\$)  
\$ 750.00

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  
10/13/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tudor Uhlhorn

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

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)

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:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2018

5 Full name of contributor

Michael F. Scaief

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

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address; City; State; Zip Code

P.O. Box 1064, San Benito, Texas 78586

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Texas Regional Bank

Date

10/16/2018

Full name of contributor

The Green Law Firm, P.C.

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

34 S. Coria, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/16/2018

Full name of contributor

C. Frank Wood

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

3505 Boca Chica Blvd. Ste. 100, Brownsville, Tx

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/10/2018

Full name of contributor

Robert Gracia

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

P.O. Box 4953, Brownsville, Texas 78523

Principal occupation / Job title (See Instructions)

Businessman

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:

6

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2018

5 Full name of contributor

Claudia Barrera

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

2805 S. Clifford Dr. Harlingen, Texas 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/2018

Full name of contributor

Joe L. Lopez

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

2 Conquistador Drive Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Financial Services

Employer (See Instructions)

Self

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/4/2018</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe A. Hinojosa, Jr.</b> 7 Contributor address; City; State; Zip Code <b>263 Creekbend, Brownsville, Texas 78521</b>	8 Amount of Contribution \$ <b>\$516.11</b>	9 In-kind contribution description <b>Meet &amp; Greet</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Consultant</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>10/5/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Stiamac</b> Contributor address; City; State; Zip Code <b>519 Zapata Ave., Rancho Viejo, Tx</b>	Amount of Contribution \$ <b>\$1,357.11</b>	In-kind contribution description <b>Meet &amp; Greet</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Consultant</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Aranza Int Properties, LLC</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/10/2018</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evangelina Trevino</b>	8 Amount of Contribution \$ <b>\$ 1,090.00</b>	9 In-kind contribution description <b>Meet and Greet</b>
7 Contributor address; City; State; Zip Code <b>365 Calle Jacaranda, Brownsville, Texas 78520</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>10/20/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edna Tamayo</b>	Amount of Contribution \$ <b>\$ 55.00</b>	In-kind contribution description <b>Meet and Greet</b>
Contributor address; City; State; Zip Code <b>24078 Russell Lane, Harlingen, Tx 78552</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/24/18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Humberto Barrera</b>	8 Amount of Contribution \$ <b>\$ 80.00</b>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <b>1421 White Oak, Harlingen TX</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Self employed</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
---	---------------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
------	---	---------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
------	---	---------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;    State;    Zip Code	Amount of Pledge \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
------	---	---------------------	--

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1

2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
5/10/2016

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )  
Eddie Trevino, Jr.

9 Loan Amount (\$)  
70,000.00

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code  
2200 Boca Chica, Ste. 102, Brownsville, Texas 78521

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)  
Attorney

13 Employer (See Instructions)  
Trevino & Bodden

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
.....  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
.....  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/28/2018</b>	<b>5</b> Payee name <b>TRTA District 1</b>	
<b>6</b> Amount (\$) <b>\$ 100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>9003 Cornell Drive, Laredo, Texas 78045</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Sponsorship AD</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Eddie Trevino, Jr.</b> Office sought: <b>Cameron County Judge</b> Office held: <b>Cameron County Judge</b>	
Date <b>9/28/2018</b>	Payee name <b>Jose Luis Doniaz</b>	
Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>7593 Agave Ave., Brownsville, Texas 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Flying Pig BBQ Sponsor Supplies</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Eddie Trevino, Jr.</b> Office sought: <b>Cameron County Judge</b> Office held: <b>Cameron County Judge</b>	
Date <b>9/28/2018</b>	Payee name <b>Flying Pig</b>	
Amount (\$) <b>\$ 75.00</b>	Payee address; City; State; Zip Code <b>7197 Burnias St., Olmito Texas 78575</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BBQ Registration</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Eddie Trevino, Jr.</b> Office sought: <b>Cameron County Judge</b> Office held: <b>Cameron County Judge</b>	

**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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>9/28/2018</b>	5 Payee name <b>Leslie Gower</b>
----------------------------	-------------------------------------

6 Amount (\$) <b>\$ 1,990.00</b>	7 Payee address; City; State; Zip Code <b>2019 N. Conway, Mission, Texas</b>
-------------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>9/28/2018</b>	Payee name <b>Claudia Rivera</b>
--------------------------	-------------------------------------

Amount (\$) <b>\$ 280.00</b>	Payee address; City; State; Zip Code <b>3155 E. 26th St., Brownsville, Texas 78520</b>
---------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/1/2018</b>	Payee name <b>Brownsville Border Lions</b>
--------------------------	---

Amount (\$) <b>\$ 125.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 6217, Brownsville, Texas 78523</b>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Tournament T-Box Sponsor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/1/2018</b>	5 Payee name <b>SMKT</b>
----------------------------	-----------------------------

6 Amount (\$) <b>\$2,000.00</b>	7 Payee address; City; State; Zip Code <b>30 Providencia Ct., Brownsville, Texas 78526</b>
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Social Media, Political Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/2/2018</b>	Payee name <b>Cameron County Democratic Party</b>
--------------------------	--

Amount (\$) <b>\$ 5,000.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 4647, Brownsville, Texas 78523</b>
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/4/2018</b>	Payee name <b>Cobbleheads Bar &amp; Grill</b>
--------------------------	--

Amount (\$) <b>\$ 363.59</b>	Payee address; City; State; Zip Code <b>3154 Central Blvd., Brownsville, Texas 78520</b>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Campaign Event</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/4/2018</b>	5 Payee name <b>Leslie Gower</b>
----------------------------	-------------------------------------

6 Amount (\$) <b>\$ 2,000.00</b>	7 Payee address; City; State; Zip Code <b>2019 N. Conway, Mission Texas</b>
-------------------------------------	--

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/4/2018</b>	Payee name <b>Leslie Gower</b>
--------------------------	-----------------------------------

Amount (\$) <b>\$ 1,930.00</b>	Payee address; City; State; Zip Code <b>2019 N. Conway, Mission, Texas</b>
-----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/5/2018</b>	Payee name <b>Knights of Columbus</b>
--------------------------	--

Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>1701 E. Harrison Ave., Harlingen, Texas 78550</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad Sponsor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/5/2018</b>	5 Payee name <b>Claudia Rivera</b>	
6 Amount (\$) <b>\$ 250.00</b>	7 Payee address; City; State; Zip Code <b>3155 E. 26th St., Brownsville, Texas 78520</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>

Date <b>10/5/2018</b>	Payee name <b>Brownsville Beerfest</b>	
Amount (\$) <b>\$ 200.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Tickets Purchase</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>

Date <b>10/5/2018</b>	Payee name <b>BMG</b>	
Amount (\$) <b>\$14,182.21</b>	Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/5/2018</b>	5 Payee name <b>Bigo's Bar &amp; Grill</b>
----------------------------	---

6 Amount (\$) <b>\$ 178.73</b>	7 Payee address; City; State; Zip Code <b>464 Paredes Line Rd., Brownsville, Texas 78521</b>
-----------------------------------	---

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>Campaign Lunch Block walkers</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/9/2018</b>	Payee name <b>International Monarch Design</b>
--------------------------	---

Amount (\$) <b>\$350.00</b>	Payee address; City; State; Zip Code <b>801 E. Fern Ave., McAllen, Texas</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/11/2018</b>	Payee name <b>BMG</b>
---------------------------	--------------------------

Amount (\$) <b>\$2,040.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523</b>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Newspaper Ads</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/12/2018</b>	5 Payee name <b>Leslie Gower</b>
-----------------------------	-------------------------------------

6 Amount (\$) <b>\$3,967.50</b>	7 Payee address; City; State; Zip Code <b>2019 N. Conway, Mission, Texas</b>
------------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/12/2018</b>	Payee name <b>City of Brownsville</b>
---------------------------	--

Amount (\$) <b>\$ 100.00</b>	Payee address; City; State; Zip Code <b>1001 E. Elizabeth St., Brownsville, Texas 78520</b>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Veteran Day AD</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

Date <b>10/13/2018</b>	Payee name <b>Vermillion</b>
---------------------------	---------------------------------

Amount (\$) <b>\$219.01</b>	Payee address; City; State; Zip Code <b>115 Paredes Line Rd., Brownsville, Texas 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign Lunch Block walkers</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
--	--	--	--

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.

<b>1</b> Total pages Schedule F1: <u>12</u>	<b>2</b> FILER NAME Eddie Trevino, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/13/2018	<b>5</b> Payee name BSPA	
<b>6</b> Amount (\$) \$ 200.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Latin Jazz Festival Sponsor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Trevino, Jr.	Office sought Cameron County Judge
		Office held Cameron County Judge
Date 10/16/2018	Payee name Cameron County Democratic Party	
Amount (\$) \$ 3,000.00	Payee address; City; State; Zip Code P.O. Box 4647, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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 Eddie Trevino, Jr.	Office sought Cameron County Judge
		Office held Cameron County Judge
Date 10/18/2018	Payee name Cameron County Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 4647, Brownsville, Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	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 Eddie Trevino, Jr.	Office sought Cameron County Judge
		Office held Cameron County Judge

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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/19/2018</b>	<b>5</b> Payee name <b>BMG</b>	
<b>6</b> Amount (\$) <b>\$7,286.88</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78520</b>	
<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>10/19/2018</b>	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	
Amount (\$) <b>\$1,627.50</b>	Office sought <b>Cameron County Judge</b>	
	Office held <b>Cameron County Judge</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>10/19/2018</b>	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	
Amount (\$) <b>\$ 2,000.00</b>	Office sought <b>Cameron County Judge</b>	
	Office held <b>Cameron County Judge</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>10/19/2018</b>	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	
Amount (\$) <b>\$ 2,000.00</b>	Office sought <b>Cameron County Judge</b>	
	Office held <b>Cameron County Judge</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>10/19/2018</b>	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	
Amount (\$) <b>\$ 2,000.00</b>	Office sought <b>Cameron County Judge</b>	
	Office held <b>Cameron County Judge</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <b>10/19/2018</b>	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	
Amount (\$) <b>\$ 2,000.00</b>	Office sought <b>Cameron County Judge</b>	
	Office held <b>Cameron County Judge</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Phone Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/19/2018</b>	5 Payee name <b>Tip of Texas Family Outreach</b>
-----------------------------	---

6 Amount (\$) <b>\$ 300.00</b>	7 Payee address; City; State; Zip Code <b>455 E. Levee St., Brownsville, Texas 78520</b>
-----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Sponsor</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/19/2018</b>	Payee name <b>Tip of Texas Family Outreach</b>
---------------------------	---

Amount (\$) <b>\$ 55.00</b>	Payee address; City; State; Zip Code <b>455 E. Levee St., Brownsville, Texas 78520</b>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Ticket for event</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/19/2018</b>	Payee name <b>Quality Print &amp; Design</b>
---------------------------	---

Amount (\$) <b>\$ 731.77</b>	Payee address; City; State; Zip Code <b>2165 US Military Hwy 281 Ste. C, Brownsville, Texas 78520</b>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Signs</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

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: <b>12</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10/21/2018</b>	5 Payee name <b>Dann Rivera</b>
-----------------------------	------------------------------------

6 Amount (\$) <b>\$ 800.00</b>	7 Payee address; City; State; Zip Code <b>5196 Sugar Mill Rd., Brownsville, Texas 78526</b>
-----------------------------------	--

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Get Out The Vote</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/25/2018</b>	Payee name <b>BMG</b>
---------------------------	--------------------------

Amount (\$) <b>\$ 4,710.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523</b>
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

Date <b>10/25/2018</b>	Payee name <b>Victoria Lozano</b>
---------------------------	--------------------------------------

Amount (\$) <b>\$ 100.00</b>	Payee address; City; State; Zip Code <b>P.O. 1090, Rio Hondo, Texas 78583</b>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Sponsor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>	Office held <b>Cameron County Judge</b>
---	--	--	--

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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/25/2018</b>	<b>5</b> Payee name <b>Warriors United in Arms</b>	
<b>6</b> Amount (\$) <b>\$ 300.00</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Sponsor</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>
Date <b>10/26/2018</b>	Payee name <b>Indira S. Bujanos</b>	
Amount (\$) <b>\$ 513.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Trophies for event</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>
Date <b>10/26/2018</b>	Payee name <b>Jose Luis Gomez</b>	
Amount (\$) <b>\$ 2,000.00</b>	Payee address; City; State; Zip Code <b>2888 Madrid Ave., Brownsville, Texas 78526</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Eddie Trevino, Jr.</b>	Office sought <b>Cameron County Judge</b>
		Office held <b>Cameron County Judge</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

--	--	--	--

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

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	Description of investment	
	Amount of investment (\$)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Eddie Trevino, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date 10/21/2018	<b>6</b> Payee name FaceBook
-----------------------------	---------------------------------

<b>7</b> Amount (\$) \$750.00	<b>8</b> Payee address; City; State; Zip Code 1601 Willow Rd., Bldg 10 Menlo Park CA 94025-1453
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	--

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ediberto "Eddie" Trevino, Jr.	Office sought County Judge	Office held County Judge
--	--	-------------------------------	-----------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

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

--

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------	---------------------	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------	---------------------	--

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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**



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom amount is received

**8** Amount (\$)

.....  
**6** Address of person from whom amount is received; City; State; Zip Code

**7** Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
 Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
 Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

.....  
 Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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

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

## SCHEDULE T

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

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

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

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

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

#### B. ASSETS

Check only one:

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

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

### 5 OFFICEHOLDER

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

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

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