

**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.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>47</b>																																
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Ediberto</td> <td>J.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Eddie</td> <td>Trevino</td> <td>Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Ediberto	J.	NICKNAME	LAST	SUFFIX	Eddie	Trevino	Jr.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">4:54pm OCT 09 2018</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">RECEIVED</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">BY: <i>[Signature]</i></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%; padding: 5px;">Receipt #</td> <td style="width:50%; padding: 5px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION		4:54pm OCT 09 2018		RECEIVED		BY: <i>[Signature]</i>		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">2200 Boca Chica, Ste. 102, Brownsville, Tx 78521</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2200 Boca Chica, Ste. 102, Brownsville, Tx 78521																										
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<b>GO TO PAGE 2</b>																																			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
**Eddie Trevino Jr.**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 85.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 73,340.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 56,479.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 75,839.54
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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Eddie Trevino, Jr.**, this the **9th** day of **October**, 20 **18**, to certify which, witness my hand and seal of office.

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**

<b>19 FILER NAME</b> Eddie Trevino, Jr.		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 73,340.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,758.64
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 20,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 56,479.71
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/2/2018

5 Full name of contributor

Rene Ramirez

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

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address; City; State; Zip Code

612 W. Nolana Ave. Ste 415 McAllen Tx 78504

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Pathfinder Public Affairs

Date

7/2/2018

Full name of contributor

Jim Tipton

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

701 Santa Ana Avenue, Rancho Viejo Tx. 78575

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

7/5/2018

Full name of contributor

Linebarger Goggan Blair & Sampson, LLP

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

7/21/2018

Full name of contributor

Carlos M. Marin

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

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Ambiotec

**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

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1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/2018

5 Full name of contributor

B. Cantu, Jr.

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

6 Contributor address; City; State; Zip Code

1408 Pine Ct. Harlingen, Texas 78550

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7/25/2018

Full name of contributor

Royston, Rayzor, Vickery & Williams, LLP

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

Contributor address; City; State; Zip Code

55 Cove Circle, Brownsville, Texas 78521

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

7/25/2018

Full name of contributor

Linebarger Goggan Blair & Sampson, LLP

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

Contributor address; City; State; Zip Code

P.O. Box, Austin, Texas 78760

Amount of contribution (\$)

\$5,000.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

7/25/2018

Full name of contributor

Marion R. Lawler III

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

Contributor address; City; State; Zip Code

805 Media Luna, Ste 620, Brownsville, Texas 78520

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorney

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:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/2018

5 Full name of contributor

Raymond Gignac

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

6 Contributor address; City; State; Zip Code

3260 Ocean Drive, Corpus Christi, Tx 78412

7 Amount of contribution (\$)

\$ 1,500.00

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

Raymond Gignac & Associates

Date

7/27/2018

Full name of contributor

Half Associates -State Pac

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

Contributor address; City; State; Zip Code

1201 N. Bowser Road, Richardson, Tx 75801

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

Date

7/30/2018

Full name of contributor

Rene Capistran

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

Contributor address; City; State; Zip Code

5273 Rustic Manor, Brownsville, Texas 78521

Amount of contribution (\$)

\$ 1,500.00

Principal occupation / Job title (See Instructions)

President/CEO

Employer (See Instructions)

Noble Texas Builders

Date

7/30/2018

Full name of contributor

Roberto Obregon

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

Contributor address; City; State; Zip Code

24827 Northampton Forest Dr., Spring, Tx 77389

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Surveyor

Employer (See Instructions)

RODS Surveying, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date  
7/31/2018

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

Carlos M. Marin  
6 Contributor address; City; State; Zip Code  
295 Calle Jacaranda, Brownsville, Texas 78520

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

8 Principal occupation / Job title (See Instructions)  
Engineer

9 Employer (See Instructions)  
Ambiotec

Date  
7/30/2018

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

Esparza & Garza  
Contributor address; City; State; Zip Code  
964 E. Los Ebanos Blvd., Brownsville, Tx 78520

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

Principal occupation / Job title (See Instructions)  
Attorneys

Employer (See Instructions)

Date  
7/31/2018

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

Ceran Builders LLC  
Contributor address; City; State; Zip Code  
185 Ruben M. Torres Blvd., Brownsville, Tx 78520

Amount of contribution (\$)  
\$ 1,500.00

Principal occupation / Job title (See Instructions)  
Contractors

Employer (See Instructions)

Date  
7/31/2018

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

John Percy  
Contributor address; City; State; Zip Code  
561 Lake Dr., Harlingen, Texas 78550

Amount of contribution (\$)  
\$ 500.00

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
Megamorphosis Design

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2018

5 Full name of contributor

Christopher T. Sias

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

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1412 W. Fern Ave., McAllen, Texas 78501

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

Megamorphosis Design

Date

8/1/2018

Full name of contributor

S & B PAC

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

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

PO Box 266245, Houston, Texas 77207

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

Date

8/1/2018

Full name of contributor

Rudy V. Gomez

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

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

110 Country Club Drive, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Architects

Employer (See Instructions)

Gomez Mendez & Saenz

Date

8/1/2018

Full name of contributor

Gilberto Hinojosa

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

531 E. St. Francis, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)

Attorney

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:

17

2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date  
8/1/2018

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Nicholas P. Gignac

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

6 Contributor address; City; State; Zip Code  
301 Jackson, Corpus Christi, Texas 78411

8 Principal occupation / Job title (See Instructions)  
Architect

9 Employer (See Instructions)  
Raymond Gignac & Associates

Date  
8/2/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Luis Armando Figueroa

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

Contributor address; City; State; Zip Code  
1818 Northgate, McAllen, Texas 78504

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
ROFA Architects

Date  
8/2/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anna Stahl

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

Contributor address; City; State; Zip Code  
PO Box 40409, South Padre Island, Texas 78597

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
8/2/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jacinto Garza

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

Contributor address; City; State; Zip Code  
27304 South Bass Blvd., Harlingen, Tx., 78552

Principal occupation / Job title (See Instructions)  
Engineer/President

Employer (See Instructions)  
L&G Consulting Engineers

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/2/2018

5 Full name of contributor

Rene A. Ramirez

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

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address; City; State; Zip Code

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

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Pathfinder Public Affairs

Date

8/2/2018

Full name of contributor

Rolando R. Rubiano

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

Amount of contribution (\$)

\$ 2,000.00

Contributor address; City; State; Zip Code

518 W. Woodland Dr. Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Green Rubiano & Associates

Date

8/2/2018

Full name of contributor

Benito Ochoa, III Special Account

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

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

PO Box 4563 Port Isabel, Tx, 78578

Principal occupation / Job title (See Instructions)

JP Judge

Employer (See Instructions)

Date

8/2/2018

Full name of contributor

Sofia Benavides Campaign Account

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

4090 Retama Drive, Brownsville, Texas 78521

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/2/2018

5 Full name of contributor

Daniel Bryant

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

6 Contributor address; City; State; Zip Code

P.O. Box 2460, South Padre Island, Texas

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

General Contractor

9 Employer (See Instructions)

Self

Date

8/4/2018

Full name of contributor

Karen Frances Pena

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

Contributor address; City; State; Zip Code

PO Box 3789, Brownsville, Texas 78523

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Date

8/10/2018

Full name of contributor

Luis E. Melendez

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

Contributor address; City; State; Zip Code

14 Woodmere, Brownsville, Texas 78521

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Self

Date

8/10/2018

Full name of contributor

Republic Services, Inc. PAC

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

Contributor address; City; State; Zip Code

18500 North Allied Way, Phoenix, AZ. 85054

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Waste Management

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/14/2018

5 Full name of contributor

Sylvia Garza-Perez

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

Campaign Account

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

P.O Box 4322

City; State; Zip Code

Brownsville, Texas 78523

8 Principal occupation / Job title (See Instructions)

Cameron County Clerk

9 Employer (See Instructions)

Date

8/15/2018

Full name of contributor

CP&Y Inc., PAC

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

Amount of contribution (\$)

\$ 2,500.00

Contributor address;

1820 Regal Row Ste., 200, Dallas Tx., 75235-2393

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

Date

8/15/2018

Full name of contributor

Jovita Chase

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

54 Fruitdale Terrace, Brownsville, Texas 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self

Date

8/15/2018

Full name of contributor

Tillman Welch

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

PO Box 2489, Edinburg, Tx 78540

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

South Texas Sunrise LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/2018

5 Full name of contributor

Webb Cason, P.C.

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

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

710 North Mesquite, St., Corpus Christi Tx 78401

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date

8/15/2018

Full name of contributor

Hugo P. Gonzalez, Jr.

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2614 Hylton, Ave., Edinburg, Tx 78539

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

International Consulting Engineers

Date

8/15/2018

Full name of contributor

Scot Campbell

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

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

1210 E. Tyler, Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self

Date

8/15/2018

Full name of contributor

Albert Cardenas

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

Amount of contribution (\$)

\$ 2,000.00

Contributor address; City; State; Zip Code

608 N. 9th Street, McAllen, Tx 78501

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Davila Construction

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/2018

5 Full name of contributor

Jon Pederson

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

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

PO Box 842, Los Fresnos, Texas 78566

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Self

Date

8/15/2018

Full name of contributor

Rene Ramirez

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Pathfinder Public Affairs

Date

8/15/2018

Full name of contributor

GOERO International, LLC

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

Amount of contribution (\$)

\$ 1,500.00

Contributor address; City; State; Zip Code

300 S. 8th Street, McAllen, Texas 78501

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

Date

8/15/2018

Full name of contributor

Half Associates - State Pac

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

1201 N. Bowser Rd., Richardson, Tx 78501

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/2018

5 Full name of contributor

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

Carollo Engineers, Inc , PAC

7 Amount of contribution (\$)

\$ 1,500.00

6 Contributor address;

City; State; Zip Code

3150 Bristol St., Costa Mesa, CA 92626

8 Principal occupation / Job title (See Instructions)

Engineers

9 Employer (See Instructions)

Date

8/15/2018

Full name of contributor

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

Auction House, LLC

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

26323 Sunny Springs Ln, Cypress, Tx 77433

Principal occupation / Job title (See Instructions)

Online Auctions Company

Employer (See Instructions)

Date

8/15/2018

Full name of contributor

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

Paul Daniec

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

24165 IH 10 W. Suite, 217-610, San Antonio, Tx 78527

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self

Date

8/15/2018

Full name of contributor

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

Ramiro Garza

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

1105 Berkely, Edinburg, Tx 78539

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

RG Economic Advisors

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/16/2018

5 Full name of contributor

Gilberto Hinojosa

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

6 Contributor address; City; State; Zip Code

531 E. St. Frances, Brownsville, Texas 78520

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

8/23/2018

Full name of contributor

Laura Alejandra Solis

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

Contributor address; City; State; Zip Code

7405 Lago Escondido, Brownsville, Texas 78520

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Bookkeeper

Employer (See Instructions)

Small Financial Business

Date

8/23/2018

Full name of contributor

Fred A. Kowalski

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

Contributor address; City; State; Zip Code

902 E. Madison, St., Brownsville, Texas 78520

Amount of contribution (\$)

\$ 240.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8/31/2018

Full name of contributor

Rainflower 3 LLC

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

Contributor address; City; State; Zip Code

870 E. Alton Gloor Suite A, Brownsville, Tx 78526

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Real Estate Company

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/2018

5 Full name of contributor

Nora Longoria, Campaign Account

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

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address; City; State; Zip Code

P.O. Box 720540, McAllen, Texas 78504

8 Principal occupation / Job title (See Instructions)

Judge

9 Employer (See Instructions)

Date

8/31/2018

Full name of contributor

HDR, Inc., PAC

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

8404 Indian Hills Drive., Omaha, NE 68114

Principal occupation / Job title (See Instructions)

Architects/Engineering

Employer (See Instructions)

Date

9/14/2018

Full name of contributor

Migdalia Lopez

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

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2305 Hacienda Rd., Harlingen, Texas 78552

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Date

9/5/2018

Full name of contributor

John W. Hudson, Jr.

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

3014 Fairway Drive, Sugar Land, Tx 77478

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

JWH & Associates

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date  
9/6/2018

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
H & R Lease Services, LLC

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

6 Contributor address; City; State; Zip Code  
2614 E. Griffin Pkwy, Mission, Texas 78572

8 Principal occupation / Job title (See Instructions)  
Construction

9 Employer (See Instructions)

Date  
9/7/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elia Cornejo Lopez, Campaign Account

Amount of contribution (\$)  
\$ 100.00

Contributor address; City; State; Zip Code  
235 Sunset Drive, Brownsville, Texas 78520

Principal occupation / Job title (See Instructions)  
Judge

Employer (See Instructions)

Date  
9/12/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Clore Equipment, LLC

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

Contributor address; City; State; Zip Code  
1529 Autumn Ct. Harlingen, Texas 78550

Principal occupation / Job title (See Instructions)  
Utility Contractor

Employer (See Instructions)

Date  
9/12/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Antonio M. Aguirre, Jr.

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

Contributor address; City; State; Zip Code  
604 Wisteria Ave., McAllen, Texas 78599

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
Self

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/2018

5 Full name of contributor

Nereyda Saenz

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

6 Contributor address; City; State; Zip Code

1501 Mackenzie Drive, Weslaco, Tx 78599

7 Amount of contribution (\$)

\$ 1,500.00

8 Principal occupation / Job title (See Instructions)

Bookkeeper

9 Employer (See Instructions)

Saenz Utility Contractors

Date

9/12/2018

Full name of contributor

Albert D. Cardenas

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

Contributor address; City; State; Zip Code

608 N. 9th St. McAllen, Texas 78501

Amount of contribution (\$)

\$ 3,000.00

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Davila Construction

Date

9/12/2018

Full name of contributor

Cast Sheet Metal, LLC

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

Contributor address; City; State; Zip Code

PO Box 5926, McAllen, Texas 78502

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Date

9/13/2018

Full name of contributor

Sonia J. Walsh

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

Contributor address; City; State; Zip Code

1018 E. Lori Lane Harlingen, Texas 78550

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/2018

5 Full name of contributor

Luis A. Solis

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

6 Contributor address;

City; State; Zip Code

25276 Chelsea PR Lane Harlingen, Texas 78552

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Advanced Call Center Technology

Date

9/19/2018

Full name of contributor

Mary A. Yturria

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

Contributor address;

City; State; Zip Code

54 Calle Cenizo, Brownsville, Tx. 78520

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/19/2018

Full name of contributor

Frank D. Yturria

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

Contributor address;

City; State; Zip Code

3401 Old Hwy 77, Ste C, Brownsville, Tx 78520

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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>8/2/2018</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Rios</b> 7 Contributor address; City; State; Zip Code <b>104 E. Lark Ave., McAllen, Texas 78504</b>	8 Amount of Contribution \$ <b>\$526.64</b>	9 In-kind contribution description <b>Campaign Event</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>President</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>S&amp;B</b>	
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>8/15/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Ramirez</b> Contributor address; City; State; Zip Code <b>612 W. Nolana Ave., Ste 415, McAllen, Tx 78504</b>	Amount of Contribution \$ <b>\$1,169.47</b>	In-kind contribution description <b>Campaign Event</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>Path Finder Public Affairs</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)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3

2 FILER NAME  
Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
8/15/2018

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rene Capistran

8 Amount of Contribution \$  
219.53

9 In-kind contribution description  
Campaign Event

7 Contributor address; City; State; Zip Code  
5273 Rustic Manor, Brownsville, Tx. 78521

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  
President/CEO

11 Employer (FOR NON-JUDICIAL) (See Instructions)  
Noble Texas Builders

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  
9/2/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Evangelina Trevino

Amount of Contribution \$  
\$285.00

In-kind contribution description  
Prizes for Loteria

Contributor address; City; State; Zip Code  
165 Calle Jacaranda, Brownsville, Texas 78520

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  
Retired

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:

3

2 FILER NAME

Eddie Trevino Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

9/2/2018

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

Alice Bodden

7 Contributor address; City; State; Zip Code

1600 Santa Ana, Rancho Viejo Tx. 78575

8 Amount of Contribution \$  
\$300.00

9 In-kind contribution description  
Gift Card Prizes for loteria

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Educator

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

9/13/2018

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

Gerardo Martinez

Contributor address; City; State; Zip Code

5973 Norma Pachero Ln, Brownsville, Tx 78526

Amount of Contribution \$  
\$ 258.00

In-kind contribution description  
Campaign Event

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Manager

Employer (FOR NON-JUDICIAL) (See Instructions)

Rich Products

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.



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 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)	
<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>			

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Eddie Trevino, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>5/10/2016</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Eddie Trevino, Jr.</b>	9 Loan Amount (\$) <b>70,000.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code <b>2200 Boca Chica, Ste. 102, Brownsville, Texas 78521</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Attorney</b>		13 Employer (See Instructions) <b>Trevino &amp; Bodden</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/2/2018</b>	<b>5</b> Payee name <b>Harlingen Cardettes Backers</b>	
<b>6</b> Amount (\$) <b>\$150.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1201 Marshall Ave., Harlingen, Texas 78550</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Football Ad. Sponsorship</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	Office sought      Office held
Date <b>7/9/2018</b>	Payee name <b>Oscar Palomo</b>	
Amount (\$) <b>\$2,115.60</b>	Payee address; City; State; Zip Code <b>1313 E. Alton Gloor, Ste. G., Brownsville, Texas 78521</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>7/10/2018</b>	Payee name <b>The Brownsville Herald</b>	
Amount (\$) <b>\$175.00</b>	Payee address; City; State; Zip Code <b>1135 E. Van Buren, Brownsville, Texas 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement</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

# 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>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>7/18/2018</b>	<b>5</b> Payee name <b>Oscar Palomo</b>
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<b>6</b> Amount (\$) <b>\$ 1,500.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1313 E. Alton Gloor, Ste. G., Brownsville, Texas 78521</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Campaign Signs</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7/25/2018</b>	Payee name <b>Port Isabel High School</b>
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Amount (\$) <b>\$ 200.00</b>	Payee address; City; State; Zip Code <b>18001 Hwy 100, Port Isabel, Texas 78578</b>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Football Ad Sponsorship</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7/27/2018</b>	Payee name <b>Hanna Cheerleaders</b>
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Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>2615 Price Rd., Brownsville, Texas 78521</b>
--------------------------------	---

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>8/2/2018</b>	<b>5</b> Payee name <b>SMKT</b>
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<b>6</b> Amount (\$) <b>\$ 2,000.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>30 Providencia Ct., Brownsville, Texas 78526</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Social Media, Political Advertising</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/3/2018</b>	Payee name <b>Iglesia Bautista West Brownsville</b>
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Amount (\$) <b>\$50.00</b>	Payee address; City; State; Zip Code <b>925 W. St. Charles St., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation back to school drive</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/7/2018</b>	Payee name <b>BMG</b>
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Amount (\$) <b>\$ 7,280.47</b>	Payee address; City; State; Zip Code <b>PO Box 5686, Brownsville, Texas 78523</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Political Consulting</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/7/2018</b>	5 Payee name <b>Mary Mother of the Church</b>
---------------------------	--

6 Amount (\$) <b>\$1,000.00</b>	7 Payee address; City; State; Zip Code <b>1914 Barnard Rd., Brownsville, Texas 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Sponsorship</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/8/2018</b>	Payee name <b>Xochilt Llamas</b>
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Amount (\$) <b>\$225.52</b>	Payee address; City; State; Zip Code <b>56 Waterfront Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loteria event food expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/15/2018</b>	Payee name <b>BMG</b>
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Amount (\$) <b>\$2,500.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Political Consulting</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>8/17/2018</b>	<b>5</b> Payee name <b>Lotus Cafe</b>
-----------------------------------	--

<b>6</b> Amount (\$) <b>33.02</b>	<b>7</b> Payee address; City; State; Zip Code <b>2489 Boca Chica, Brownsville, Texas 78520</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Campaign Lunch</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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/18/2018</b>	Payee name <b>Amigoland Events Center</b>
--------------------------	--

Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>1010 Mexico Blvd., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Hall deposit for loteria</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/25/2018</b>	Payee name <b>Dann Rivera</b>
--------------------------	----------------------------------

Amount (\$) <b>\$ 1,600.00</b>	Payee address; City; State; Zip Code <b>5196 Sugar Mill Road, Brownsville, Texas 78526</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Political Research</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/24/2018</b>	5 Payee name <b>Quality Print &amp; Design</b>
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6 Amount (\$) <b>\$ 2,133.95</b>	7 Payee address; City; State; Zip Code <b>2165 US Military Hwy 281, Ste C, Brownsville, Texas 78520</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Political Signs</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/31/2018</b>	Payee name <b>Leslie Gower</b>
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Amount (\$) <b>\$ 2,000.00</b>	Payee address; City; State; Zip Code <b>2019 N. Conway, Mission, Texas</b>
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/31/2018</b>	Payee name <b>SMKT</b>
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Amount (\$) <b>\$ 2,000.00</b>	Payee address; City; State; Zip Code <b>30 Providencia Ct., Brownsville, Texas 78526</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Social Media Political 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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F1: **13**      **2** FILER NAME: **Eddie Trevino, Jr.**      **3** Filer ID (Ethics Commission Filers)

**4** Date: **8/31/2018**      **5** Payee name: **South Texas Conjuto Association**

**6** Amount (\$): **\$ 100.00**      **7** Payee address; City; State; Zip Code: **115 Dix Brownsville, Texas 78520**

**8** **PURPOSE OF EXPENDITURE**: **Donation sponsor**

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

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

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

Date: **9/1/2018**      Payee name: **Claudia Rivera**

Amount (\$): **\$ 116.00**      Payee address; City; State; Zip Code: **3155 E. 26th St. Brownsville, Texas 7850**

**PURPOSE OF EXPENDITURE**: **Phone Bank**

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

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

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

Date: **9/1/2018**      Payee name: **Abraham Garza**

Amount (\$): **\$134.13**      Payee address; City; State; Zip Code: **56 Waterfront Brownsville, Texas 78520**

**PURPOSE OF EXPENDITURE**: **Phone Bank**

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

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

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>9/4/2018</b>	<b>5</b> Payee name <b>SJA</b>
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<b>6</b> Amount (\$) <b>\$ 200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>101 Saint Joseph Drive, Brownsville, Texas 78520</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Ad 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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/5/2018</b>	Payee name <b>Mr. Amigo Assc.</b>
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Amount (\$) <b>\$ 200.00</b>	Payee address; City; State; Zip Code <b>455 E. Elizabeth St., Brownsville, Texas 78520</b>
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/7/2018</b>	Payee name <b>Claudia Rivera</b>
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Amount (\$) <b>\$ 206.63</b>	Payee address; City; State; Zip Code <b>3155 E. 26th Ste., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banker</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME Eddie Trevino, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9/7/2018	<b>5</b> Payee name Abraham Garza
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<b>6</b> Amount (\$) \$224.75	<b>7</b> Payee address; City; State; Zip Code 56 Waterfront, Brownsville, Texas 78520
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Phone Banker	<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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/2018	Payee name Jazmin Guerra
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Amount (\$) \$ 29.00	Payee address; City; State; Zip Code 8 Athens St, Brownsville, Texas 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Phone Banker	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/2018	Payee name Gabriel Garza
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Amount (\$) \$61.63	Payee address; City; State; Zip Code Brownsville, Texas 78520
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Phone Banker	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/13/2018</b>	5 Payee name <b>BMG</b>
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6 Amount (\$) <b>\$ 2,500.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Political Consulting</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/14/2018</b>	Payee name <b>Claudia Rivera</b>
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Amount (\$) <b>\$232.00</b>	Payee address; City; State; Zip Code <b>3155 E. 26th St., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banker</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/14/2018</b>	Payee name <b>Jazmin Guerra</b>
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Amount (\$) <b>\$232.00</b>	Payee address; City; State; Zip Code <b>8 Athens St., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banker</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Eddie Trevino, Jr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/13/2018</b>	5 Payee name <b>BMG</b>
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6 Amount (\$) <b>\$19,094.82</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 5686, Brownsville, Texas 78523-5686</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising &amp; Political Consulting</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/18/2018</b>	Payee name <b>Dann Rivera</b>
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Amount (\$) <b>\$ 1,200.00</b>	Payee address; City; State; Zip Code <b>5196 Sugar Mill Rd., Brownsville, Texas 78526</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Research</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/20/2018</b>	Payee name <b>Eric Garza</b>
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Amount (\$) <b>\$ 100.00</b>	Payee address; City; State; Zip Code <b>974 E. Harrison Street, Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation "Movies in the Park"</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Eddie Trevino, Jr.</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>9/7/2018</b>	<b>5</b> Payee name <b>Deluxe Checks</b>
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<b>6</b> Amount (\$) <b>\$ 134.17</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 742572, Cincinnati, OH 45274</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Re-order campaign checks</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/21/2018</b>	Payee name <b>Claudia Rivera</b>
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Amount (\$) <b>\$ 280.00</b>	Payee address; City; State; Zip Code <b>3155 E. 26th St., Brownsville, Texas 78520</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Banker</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/24/2018</b>	Payee name <b>Salvador Molar</b>
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Amount (\$) <b>\$ 1,507.94</b>	Payee address; City; State; Zip Code <b>5082 Camellia St., Brownsville, Texas 78521</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign T-Shirts</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F1: **13**      **2** FILER NAME: **Eddie Trevino, Jr.**      **3** Filer ID (Ethics Commission Filers)

**4** Date: **9/24/2018**      **5** Payee name: **Leslie Gower**

**6** Amount (\$): **\$ 3,177.00**      **7** Payee address; City; State; Zip Code: **2019 N. Conway, Mission, Texas**

**8** **PURPOSE OF EXPENDITURE**: **Phone Banking**

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

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

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

Date: **9/24/2018**      Payee name: **Quality Print & Design**

Amount (\$): **\$ 1,336.08**      Payee address; City; State; Zip Code: **2165 US Military Hwy 281 Ste. C., Brownsville, Texas 78520**

**PURPOSE OF EXPENDITURE**: **Political Signs**

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

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

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

Date      Payee name

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

**PURPOSE OF EXPENDITURE**

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

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

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

**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)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:

**2** FILER NAME

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

**4** Date

**5** Name of person from whom investment is purchased

**6** Address of person from whom investment is purchased; City; 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 (\$)

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

# 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:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<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> 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
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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

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# 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 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 H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
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<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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<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
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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<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
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# 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)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;      City; State; Zip Code
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<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.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;      City; State; Zip Code
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<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
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address;      City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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# 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 ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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# 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)	

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# 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