EDDIE TREVINO, JR.

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Ediberto NICKNAME LAST Eddie Trevino,	J suffix Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; C 2200 Boca Chica, Ste. 102, Bro AREA CODE PHONE NUMBER (956) 554-0683	etty; state; zip code wnsville, Tx 78521 extension	JAN 1 5 2019 RECEIVED Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Evangelina NICKNAME LAST Trevino	MI 	Receipt # Amount \$ Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SL 165 Calle Jacaranda, Brownsville		ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 459-8177	EXTENSION				
9 REPORT TYPE	July 15 30th day before elec	- Library II	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year $10 $	THROUGH 12 /	Day Year 2018			
11 ELECTION	ELECTION DATE Month Day Year Primary 11 / 06 / 2018 X General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (If any) Cameron County Judge	13 OFFICE SOUGHT (if known) Cameron County Ju				
GO TO PAGE 2						



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC	JSPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,100.					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
	4. TOTAL POLITICAL EXPENDITURES \$ 28,343.92					
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 28,343.92 \$ 9,867.43					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$70,000.00					
18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me						
SAN JUANITA WOLFE My Notary ID # 12277467 Expires March 20, 2021						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscr	ibed before me, b	y the said <u>Eddie Trevino,</u> Jr.	, this the <u>15th</u>			
day of <u>January</u>	, 20 <u>19</u> , t	o certify which, witness my hand and seal of office.				
San Juanita Wolfe		Surfranta Wolfe	Notary Public			
Signature of officer a	dministering oath	Printed vame of officer administering oath	Title of officer administering oath			

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor					
Edd	die Trevino, Jr.					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,100.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		^{\$} 70,000.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	^{\$} 28,343.92			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU RETURNED TO FILER	TIONS	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			THE STREET, ASSESSMENT OF THE STREET,	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Eddie Trevine	o, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state_PAC	7 Amount of contribution (\$)		
12-3-2018	CP&Y, Inc., PAC	E CALLERY CONTRACTOR C		
6 Contributor address; City; State; Zip Code \$2,500.00				
	1820 Regal Row Ste. 200, Dallas, Texas	s 75235-2393		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Engineers				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10-29-2018	Raudel Garza Contributor address; City; State		\$ 500.00	
	208 E. Xenops Ave., McAllen, Texas 7	78504		
Principal occup Realtor	ation / Job title (See Instructions)	Employer (See Instruct Self	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
11-5-2018	Kenneth A. Korth Contributor address; City; State;	Zip Code	\$ 100.00	
	113 E. Constitution Victoria, Texas	77901		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Attorney				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State;			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tr	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coc		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
	Contributor address; City; State; Zip Co	<i>.</i>	Check if travel cutside of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			n 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 T		

Revised 9/8/2015



SCHEDULE B **PLEDGED CONTRIBUTIONS** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$. 9 In-kind contribution 5 Date 6 Full name of pledgor 8 Amount ut-of-state PAC (ID#:_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:_ description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME Eddie Trevino, J	r.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 5/10/2016	7 Name of lender □ out-of-state Eddie Trevino, Jr.	PAC (ID#:)	9 Loan Amount (\$) · \$ 70,000.00
6 Is lender a financial Institution? Y XI 8 Lender address; City; 2200 Boca Chica, Ste. 102, Br		State; Zip Code ownsville, Texas 78521	10 Interest rate 11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Trevino & Bodden	ı
14 Description of Coll X none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	PAG (ID#:)	Loan Amount (\$)
is lender a financial	Lender address; City;	State; Zip Code	Interestrate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
If l	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE estruction guide for additional re	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 10-29-2018 Leslie Gower 6 Amount (\$) 7 Payee address: City; State; Zip Code \$2,322.00 2019 N. Conway, Mission, Texas R (a) Category (See Calegories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T, **PURPOSE** Check II Austin, TX, officeholder living expense Phone Banking EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Cameron County Judge Cameron County Judge Eddie Trevino, Jr. Payee name Date 10-31-2018 Arturo Hernandez Amount (\$) Payee address: City; State; Zip Code \$300.00 54 Angel Drive, Brownsville, Texas 78520 Category (See Categories listed at the top of this schedule) Description DJ Entertainment Check il travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **Election Night Event** EXPENDITURE Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Cameron County Judge Date Payee name 11-1-2018 Freddy Gonzalez Аглоилт (\$) City; State; Zip Code Payee address: Brownsville, Texas 78520 \$ 100.00 Category (See Categories listed at the top of this schedule) Description Check if Iravel outside of Texas, Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense DJ for Daycare dance EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Giff/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethles Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Eddie Trevino, Jr. 4 Date 11-1-2018 Payee name Salvador Molar 6 Amount (\$) 7 Payee address; City; State; Zip Code 5082 Camellia St., Brownsville, Texas 78521 \$ 586.30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check il travet outside of Texas. Comptete Schedula T. PURPOSE Check II Austin, TX, officeholder tiving expense EXPENDITURE T-Shirts Cameron County Judge Cameron County Judge Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Eddie Trevino, Jr. Payee name Date 11-2-2018 **BMG** Amount (\$) Payee address; City; State; Zip Code P.O. Box 5686 Brownsville, Texas 78523-5686 \$ 7**,**875.70 Category (See Categories listed at the top of this schedule) Description __ Check II travel outside of Texas. Complete Schedule T. PURPOSE Advertising OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Cameron County Judge Cameron County Judge Eddie Trevino, Jr. Date Payee name 11-2-2018 Robert Rivera Amount (\$) Payee address; City; State; Zip Code 1713 Harding, Brownsville, Texas 78520 \$ 396.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Contract Labor Check il Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Cameron County Judge Cameron County Judge Eddie Trevino, Jr. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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FROM PO	LINGAL COMINIDOII	ONS	20,1.07				
	EXPENDITURE CATEO	GORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Foes Food/Beverage Expense Gitt/Awards/Memorials Expense cal Committee Legal Services The Instruction Guide explain:	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel in District Travel out Of District Other (enter a category not listed above)				
7 Total pages Schedule F1	Eddie Trevino, Jr.		3 Filer ID (Ethles Commission Filers)				
4 Date 11-2-2018	5 Payee name David Pena						
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	· · · · · · · · · · · · · · · · · · ·				
\$ 396.00	1754 Harding, Brownsville, Te	1754 Harding, Brownsville, Texas 78520					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel or.	ulside of Texas. Complete Schedule T. 1, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name н Eddie Trevino, Jr. Cam	Office sought eron County Judge	Cameron County Judge				
Date 11-5-2018	Payee name Lucio Leal						
Amount (\$)	Payee address; City; State; Zip Code						
\$ 300.00	28081 Bean Rd., San Benito, Te	exas 78586					
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sch Contract Labor	Check if travel outs	side of Texas, Complete Scheduls T. TX, oifficeholder living expense				
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name Eddie Trevino, Jr. Camero	Office sought on County Judge Ca	Office held nmeron County Judge				
Date	Payee name						
11-5-2018	Samantha Garza						
Amount (\$)	Payee address; City; State; Zip						
\$ 260.53	56 Waterfront, Brownsville, To	exas 78520					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Reimbursement	Check if travel outsi	lde of Texas. Complete Schedule T. TX, officaholder living expense				
Complete ONLY II direct expenditure to benefit C/OH	Eddie Trevino, Jr. Cameron Co	Office sought ounty Judge Ca	Office held ameron County Judge				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED				

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	EXPENDITURE CATEGORIES FOR BOX 8	(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politica Credit Card Payment		pense Transportation Equipment & Related Expense Travel in District Travel Out Of District abor Other (enter a category not listed above)			
1 Total pages Schedule F1:	Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)			
11-5-2018	5. Pavee name HEB				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 89.12	Brownsville, Texas 78520				
8 PURPOSE OF EXPENDITURE		rtlon ok if vavel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense			
9 Camplete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office holder name н Eddie Trevino, Jr. Cameron County Ju	dge Cameron County Judge			
Date	Payee name				
11-6-2018	Cobbleheads				
Amount (\$)	Payee address; City; State; Zip Code				
\$ 1,731.66	3154 Central Blvd., Brownsville, Texas 78520)			
PURPOSE OF EXPENDITURE	Distinguishe	ion kil kavel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Office holder name Office solder Eddie Trevino, Jr. Cameron County Judge	Cameron County Judge			
Date	Payee name				
11-8-2018	Leslie Gower				
Amount (\$)	Payee address; City; State; Zlp Code	4.000			
\$ 2,726.00	2019 N. Conway, Mission, Texas				
PURPOSE OF EXPENDITURE		on If travel outside of Texas, Complete Schedule T. If Austin, TX, officeholder living expense			
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name Office son Eddie Trevino, Jr. Cameron County Judg				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel in District Travel Out Of District Gift/Awards/Memorials Expense 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, Total pages Schedule F1: 2 Eller NAME Eddie Trevino, Jr. 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payeename Leslie Gower 11-8-2018 6 Amount (\$) 7 Payee address; City; State; Zlp Code \$ 2,000.00 2019 N. Conway, Mission, Texas (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE __ Check if Austin, TX, officeholder living expense EXPENDITURE Phone Banking ne Office sought Cameron County Judge Candidate / Officeholder name Cameron County Judge 9 Complete ONLY if direct expenditure to benefit C/OH Eddie Trevino, Jr. Payee name 11-8-2018 Brownsville, Museum of Fine Arts Amount (\$) Payee address; City; State; Zip Code 660 E. Ringgold St., Brownsville, Texas 78520 \$ 400.00 Category (See Categories listed at the top of this schedule) Check if kavel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Chack if Austin, TX, officeholder living expense Gala Donation Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Cameron County Judge Eddie Trevino, Jr. Cameron County Judge Payee name Date 11-9-2018 Maria De Leon Amount (\$) Payee address; City; State; Zip Code 3032 Resaca Vista Drive, Brownsville, Texas 78520 \$ 500.00 Category (See Categories listed at the top of this schedule) El Valle Noticias PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Advertising I Check II Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY If direct Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Cameron County Judge ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli Credit Card Payment		Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarles/Wages/Contract Labor as how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
19 Total pages Schedule F	1: 2 ELLER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date 11-14-2018	5 Payee name Rolando Martinez		L		
5 Amount (\$) \$81.76	7 Payee address; City; State; Z	ip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Reimbursement gas expenses	Check if travel o	elaide of Texas. Complete Scheckle T. a, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Eddie Trevino, Jr. Camer	office sought ron County Judge C	Office held ameron County Judge		
Date	Payee name				
11-16-2018	Leslie Gower				
Amount (\$)	Payee address; Clty; State; Zlp Code				
\$3,792.00	2019 N. Conway, Mission, Tex	xas			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this so Phone Banking	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit G/OI	Candidate / Officeholder name	Office sought	Office held		
	¹ Eddie Trevino, Jr. Cameron	n County Judge Car	neron County Judge		
Date	Payee name				
11-16-2018	Leslie Gower				
Amount (\$)	Payee address; City; State; Zip	Code			
\$ 2,000.00	2019 N. Conway, Mission, Te	xas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Trevino, Jr. Cameron	Office sought County Judge Can	Office held neron County Judge		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED		

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	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Cancidate/Officeholder/Polit Credit Card Payment	Fees Olfice Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursentent Overhead/Rental Expense Travel In District gexpense gexpense ss/Wages/Contract Labor to complete this form.		
d m i i m i i m i i m i i m i	- 10 FUED MANAG	7 Eiles ID (Elbler Commission Eiles)		
1 Total pages Schedule F	Eddie Trevino, Jr.	3 Filer ID (Ethlos Commission Filers)		
⁴ Pate 20-2018	5 Payre name Days Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code	>		
\$ 75.00	455 E Elizabeth St, Brownsville, 7	TX 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Christmas Parade entry fee Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name PH Eddie Trevino, Jr. Cameron Co	Office sought Office held ounty Judge Cameron County Judge		
Date	Payee name			
11-28-2018	Samantha Garza			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 149.00	56 Waterfront, Brownsville, Texas	78520		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.		
PURPOSE OF EXPENDITURE	Reimbursement (Turkeys)	Check if Austin, TX, officeholder living expense		
to FAC Bull Barre I will I ha	(Turkeys)	*		
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name H Eddie Trevino, Jr. Cameron Co	Office sought Office held ounty Judge Cameron County Judge		
Date	Payee name			
12-11-2018	Cameron County			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 200.00				
	Category (See Categories listed at the top of this schedule)	Description Chapt if town outside at Taxas Complete School de T		
PURPOSE OF		Chack if travel outside of Texas, Complete Schedule T.		
EXPENDITURE	Christmas Party	L Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Trevino, Jr. Cameron C	Office sought Office held ounty Judge Cameron County Judge		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursemen

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Rélated Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1	: 2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 12-27-2018	5 Payee name SMKT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$567.00	30 Providencia Ct., Brownsville, Te	exas 78520
8	(a) Category (See Categorias listed at the top of this schedule)	(b) Description Checkil travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Social media Political Advertising	Check if Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name H Eddie Trevino, Jr. Cameron Cou	Office sought Office held nty Judge Cameron County Judge
Date	Payee name	
12-27-2018	Mynt Bar & Grill	
Amount (\$)	Payee address; City; State; Zip Code	
\$495.85	600 Springmart Blvd. # 8, Brownsvi	lle, Texas
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Get out the Vote Event	Description Check li travel outside of Texas. Complete Schedule T. Check II Auatin, '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	
12-31-2018	Gourmet Central	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 800.00	515 W. 4th St., Brownsville, Texas 785	20
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Swearing in reception catering	Check if Iravel 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 SO	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	By Gift/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explain:	Printing Expense Salarles/Wages/Contract Labor s how to complete this form.	Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Eddie Trevino, Jr.		3 Filler ID (Ethics Commission Filers)		
4 Date 12-31-2018	5 Payee name Arturo Hernandez				
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	, <u> </u>		
\$ 200.00	54 Angel Drive, Brownsville,	, Texas 78520			
8	(a) Category (See Categories listed at the top of this so	· 1 · []			
PURPOSE	DJ Entertainment	 i	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Swearing in reception	F Cueck II when	LI Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hold		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip) Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sor	Check if travel out:	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip	Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Check il travel outsi	ide of Texas. Complete Schedule T. TX, officetholder fiving 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 NEED	DED		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (category net listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica		
	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$		
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1	Total pa	ges Schedule F3:
2 FILER NAME		3	iler ID	(Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	!		·
	6 Address of person from whom investment is purchased; Cit	 y;		State; Zip Code
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	· · · ·		State; Zip Code
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASI	NEEDE	ED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm	Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED	EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 6 F	² ayee name		
7 Amount (\$) 8 F	Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 (a)	Category (See Categories listed at the top of thi	s schedule) (b) Description	on
PURPOSE		Checki	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Calegories listed at the top of thi	s schedule) Descripti	on
PURPOSE) [ftravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ļ	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

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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 Saleries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	cal Committee	Legal Service	s	Salaries	/Wages/Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment		The Instru	ction Guide exp	lains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethle	cs Commission Filers)
4 Date	5 Payee nam	ne				1	
6 Amount (\$)	7 Payee add	lress;	City; State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories i	listed at the top of thi	s schedule)		de of Texas, Complete Schr TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/G		ate / Officeh	older name		Office sought		Office held
Date	Payee nam	10					
Amount (\$) Reimbursement from political contributions intended	Payee add	lress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories I	isted at the top of this	s schedule)		de of Texas. Complete Sche TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/C		ate / Officeh	older name		Office sought		Office held
Date	Payee nam	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	lress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Calegories I	isted at the top of this	s schedule)	Ħ	de of Texas, Complete Sche FX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Office held
	ATTA	CH ADDITIC	ONAL COPIES	OF THIS S	SCHEDULE AS NEED	DED	

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Cancidate/Officeholder/Political Committee (redificant 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)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH **Business** name Date Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

The Instru	uction Guide expla	ins how to complete t	his form.	1 Total pages Schedule T:	
2 FILER NAME			·····	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	Corporation or Lab	or Organization / Pledgor	/ Payee		
5 Contribution / Expend Schedule A2 Schedule F2	liture reported on: Schedule E		Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name of person	on(s) traveling			
8 Departure city or name of departure location					
	9 Destination city	or name of destination lo	ocation		
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	Corporation or Lab	or Organization / Pledgor	/ Payee		
Contribution / Expend	penditure reported on: A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				
Schedule F2	Schedule F	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure city	or name of departure loca	ation		
	Destination city	or name of destination lo	ocation		
Means of transportat	lion P	urpose of travel (including	name of conference,	seminar, or other event)	
Name of Contributor	Corporation or Lab	or Organization / Pledgor	/ Payee		
Contribution / Expend	liture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F	34 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of perso	on(s) traveling			
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	2 Filer ID (Ethics Commission Filers)							
3	SIGNA	TURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
		Signature of Candidate / Officeholder							
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder							
	A.	CAMPAIGN FUNDS							
	Chec	k 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 understate may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not unexpended contributions or unexpended interest or income earned on political contributions longer than six years at this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended in income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	B.	ASSETS							
	Chec	k 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		EHOLDER plete this section <i>only</i> if you are an officeholder ··							
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
		Signature of Officeholder							

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		s.	·	
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