EDDIE TREVINO, JR.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Ediberto	J.	Date Received
	NICKNAME LAST	SUFFIX	CAMERON COUNTY
	Eddie Trevino	1	DEPARTMENT OF ELECTIONS & T. VOTER REGISTRATION
4 CANDIDATE/		OITY; STATE; ZIP CODE	- INCLUMENTAL BUILDING
OFFICEHOLDER MAILING ADDRESS	2200 Boca Chica, Ste. 102, Br		3:49PJAN 1 0 2020
Change of Address			HECEIVED
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	By: ALCOUN
OFFICEHOLDER PHONE	(956) 554-0683		Date Hand-derivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Evangelina		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Trevino		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or Business)	165 Calle Jacaranda, Brownsv	ville. Texas 78520	
(nesidence of business)		,	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(956) 459-8177		
FHONE	1330 7 433-0177		
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign
	January 10		treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
	MARTIN AND AND AND AND AND AND AND AND AND AN		
10 PERIOD COVERED	Month Day Year	Month	Day Year
	07 /15 /2019	THROUGH 12	31 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Cameron County Judge		
	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)		
Eddie Trevino,	Jr.		,		
16 NOTICE FROM POLITICAL COMMITTEE TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,000.00		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,545.00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 59,977.16		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 70,000.00		
18 AFFIDAVIT			erjury, that the accompanying report is rmation required to be reported by me		
My No	JUANITA WOLFE otary ID # 12277467 res March 20, 2021	Signature of Cano	didate or Officeholder		
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and subscri	bed before me, b	y the said <u>Eddie Trevino, Jr.</u>	, this the 10+		
day of January	, 20 <u></u>	o certify which, witness my hand and seal of office.			
Son reaniful	wolf Su	v Sanda Ublic	Notary tublic		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co		
Edd			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 44,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,020.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 70,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	^{\$} 1,545.00
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	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 FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 7 Amount of contribution (\$) Raba-Kistner PAC, Inc. 10/09/2019 City; State; Zip Code 6 Contributor address; \$2,500.00 P.O. Box 690287, San Antonio, Texas 78269 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineers Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) S&B PAC \$5,000.00 10/10/2019 Contributor address; City; State; Zip Code P.O. Box 266245, Houston, Texas 77207 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineers Date Full name of contributor Dut-of-slate PAC (ID#: Amount of contribution (\$) Erasmo Lopez \$750.00 10/11/2019 Contributor address: City; State; Zip Code 3420 N. Border Ave., Weslaco, Tx 78599 Principal occupation / Job title (See Instructions) Employer (See Instructions) President L&G Concrete Full name of contributor Date Out-of-state PAC (ID#:_ Amount of contribution (\$) 10/14/2019 Armando Sandoval \$750.00 Contributor address; City; State; Zip Code 4003 Persimmon Dr. Palmhurst, Tx 78573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer L&G Engineering 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Michael Hernandez \$2,500.00 10/17/2019 City; State; Zip Code 6 Contributor address; 5205 Montclair Dr., Colleyville, Tx 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Auto Leasing Self-Employed Out-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) \$2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed **Business Owner** Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) S.F. Vale 10/24/2019 Contributor address; City; State; Zip Code \$1,000.00 P.O. Box 156 Rio Grande City, TX 78582 Principal occupation / Job title (See Instructions) Employer (See Instructions) Starr Camargo Bridge Self-Employed Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Juan Benito Garcia 10/24/2019 Contributor address; City; State; Zip Code \$1,000.00 2632 Deer Trl, Brownsville, Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business owner Self-Employed ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

			SCHEDULE A1
6	struction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Eddie Trevino	o, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor	AG (ID#:)	7 Amount of contribution (\$)
エリ/ムサ/ムリエンド・	BC State PAC Contributor address; City; State	te; Zîp Code	\$1,000.00
1:	30 E. Travis, San Antonio,	Texas 78205	
8 Principal occupati Bankers	on / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
10/24/2019 L:	aurie & Lorne Jonsson Contributor address; City: State	e; Zip Code	\$1,000.00
18	313 Aragon Dr., Harlinger	n, Tx 78552	
	n / Job title (See Instructions)	Employer (See Instruc	tions)
Contractors		Anderson Colun	nbia
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)
10/2012017 P	orge Emilio De La Garza Contributor address; City; State	; Zip Code	\$500.00
19	52 S. Price Rd., Brownsville	e, Tx 78521	
Principal occupation	n / Job title (See Instructions)	Employer (See Instruct	ions)
Construction		Self-Employed	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
0/24/2010 Ja	cinto Garza		(· · · · · · · · · · · · · · · · · · ·
0/24/2019	Contributor address; City; State	; Zíp Code	\$3,500.00
1 25	7304 South Bass Blvd., Harling		
	/ Job title (See Instructions)	Employer (See Instructi	ons)
Principal occupation Engineer	·	L&G Engineers	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Rene Ramirez \$2,000.00 6 Contributor address; 10/24/2019 City; State; Zip Code 1508 S. Lone Star Way Unit 1, Edinburg, Tx 78539 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Consultant Pathfinder Public Affairs Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 10/24/2019 Heriberto Cavazos, P.E. \$1,000.00 Contributor address: City; State; Zip Code 2121 Stonebriar Rd. Harlingen, Tx 78552 Principal occupation / Job title (See Instructions) Employer (See instructions) Engineer Rubiano & Associates Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 10/24/2019 | Manuel M. Vela \$500.00 City; State; Zip Code Contributor address; 437 Jennifer Ct., Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Valley Baptist Health System Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Rudy V. Gomez \$ 2,500.00 10/24/2019 Contributor address; Clty; State; Zip Code 110 Country Club, Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Architect Gomez Mendez & Saenz 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 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer tD (Ethics Commission Filers) Eddie Trevino. Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#; Deborah Portillo \$ 500.00 11/04/2019 City; State; Zip Code 6 Contributor address; 404 Rancho Viejo, Blvd., Brownsville, Tx 78526 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-Employed Business Owner Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 11/04/2019 | Joe D. Zayas \$500.00 Contributor address; City; State; Zip Code 616 Escandon, Rancho Viejo, Tx 78575 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 11/04/2019 Vicente Mendez \$ 1,000.00 Contributor address; City; State; Zip Code 1920 Westminster Rd., Brownsville, Tx 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Ambiotec Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 11/04/2019 Ramiro Garza, Jr. \$1,000.00 Contributor address; City; State; Zip Code 1105 Berkely Edinburg, Texas 78539 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Consultant RG** Economic Advisors ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

·-····	ne Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAM Eddie Tre		44-64-114-114-11-1-1-1-1-1-1-1-1-1-1-1-1	3 Filer ID (Ethles Commission Filer	
4 Date	5 Full name of contributor out-of-state	PAC (ID#:	7 Amount of contribution (\$)	
1/04/2019	Theresa Ann Alacron 6 Contributor address; City; State; Zip Code		\$2,000.00	
	5241 Skyline, Brownsville,	Texas 78526		
B Principal occ Educator	zupation / Job tille (See Instructions)	9 Employer (See Instru Port Isabel ISD	·	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
1/04/2019		Rene Capistran		
	5241 Skyline, Brownsville, Te	exas 78526		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etlons)	
<u> President/C</u>	CEO	Noble Texas Bu	ilders	
President/C	Full name of contributor pout-of-state			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$) \$ 2,500.00	
President/C Date 1/04/2019	Full name of contributor	PAC (ID#:) ate; Zip Code	Amount of contribution (\$)	
Date 1/04/2019	Full name of contributor	PAC (ID#:) ate; Zip Code	Amount of contribution (\$) \$ 2,500.00	
Date 1/04/2019	Full name of contributor	PAC (ID#:) ate; Zip Code lle, Tx 78520	Amount of contribution (\$) \$ 2,500.00	
Date 1/04/2019 Principal occur Engineer Date	Full name of contributor	ate; Zip Code Ile, Tx 78520 Employer (See Instruction Ambiotec	Amount of contribution (\$) \$ 2,500.00	
Date 1/04/2019 Principal occur Engineer Date	Full name of contributor	ate; Zip Code Ile, Tx 78520 Employer (See Instruction Ambiotec	Amount of contribution (\$) \$ 2,500.00	
Date 1/04/2019 Principal occur Engineer Date /05/2019	Full name of contributor	ate; Zip Code Ile, Tx 78520 Employer (See Instruction Ambiotec PAC (ID#:	Amount of contribution (\$) \$ 2,500.00	
Date 1/04/2019 Principal occup Engineer Date 1/05/2019	Full name of contributor	ate; Zip Code Ile, Tx 78520 Employer (See Instruction Ambiotec PAC (ID#:	Amount of contribution (\$) \$ 2,500.00 tlons) Amount of contribution (\$) \$1,000.00	

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form,	1 Total pages Schedula A1:
2 FILER NAME		÷	3 Filer ID (Ethics Commission Filers)
Eddie Trev	ino, Jr.		
Date	5 Full name of contributor		7 Amount of contribution (\$)
1/05/2019		; Zip Code	\$5,000.00
Principal occu	P.O. Box 17428, Austin, Texas 78 pation / Job title (See Instructions)	8760 9 Employer (See Instruc	tlons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
,	Contributor address; City; State	; Zip Code	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	10#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occupa	cion / Job title (See Instructions)	Employer (See Instruction	ons)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Eddie Trev	/ino, Jr.			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
10/24/19	10/24/19 Daniel Rios 7 Contributor address; City; State; Zip Code			Campaign Event
	104 E. Lark Ave., McAllen, Tx 78504		Check if travel out	side of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	l	IAL)(See Instructions)
Engineer	,	S&B En	gineers	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
Date	Full name of contributor)	Amount of Contribution \$. In-kind contribution description
10/24/19	Sergio Arguelles Contributor address; City; State; Zip Contributor	 de	\$650.00	Campaign Event
	200 Tesoro Ave., Rancho Viejo, Tx	78575	Check if travel outs	side of Texas. Complete Schedule T.
Principal occi Business O	upation / Job title (FOR NON-JUDICIAL) (See Instructions) Wner	Employe Self	er (FOR NON-JUDIC	IAL)(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)			
Professional Control of Control o		***************************************		

lf ·	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction			requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Eddie Tre	evino, Jr.		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
Carlos Marin 11/04/2019 Contributor address; City; State; Zip Code			8 Amount of Contribution \$ 9 In-kind contribution description \$ 720.00 Campaign Dinner
***	295 Calle Jacaranda, Brownsville, TX	78520	Check if travel outside of Texas. Complete Schedule T.
Engineer		11 Employe Ambiot	er (FOR NON-JUDICIAL)(See Instructions) CC
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of . In-kind contribution Contribution \$. description
	Contributor address; Clty; State; Zip Cod	de	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (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	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
· If co	ATTACH ADDITIONAL COPIES OF TH		

Forms provided by Texas Ethics Commission

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

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	pplete this form.	1 Total pages Schedule E:
2 FILER NAME	244444444444444444444444444444444444444		3 Filer ID (Ethics Commission Filers)
Eddie Trevin	o, Jr.		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	te PAC (ID#:)	9 Loan Amount (\$)
5/10/2016	Eddie Trevino, Jr.		\$70,000.
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y 1/2	2200 Boca Chica Ste 102, B	Brownsville, Tx 78521	11 Maturity date
12 Principal occupation	I on / Job title (See Instructions)	13 Employer (See Instructions)	
Attorney		Trevino & Bodden	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	T.	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; ion (See Instructions)	State; Zlp Code 21 Employer (See Instructions)	
Date of loan	Name of lender	te PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		Angeline and the second	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
		OPIES OF THIS SCHEDULE AS NE	**************************************

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Other (anter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name Jessica Beth Garcia Memorial Fund 07/31/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code \$100.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name Date 07/31/2019 Rio Hondo ISD Amount (\$) Payee address; City; State; Zip Code \$100.00 215 West Colorado St., Rio Hondo, Texas 78583 Category (See Categories listed at the top of this schedule) Description Check II travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Back to School Bash donation sponsor Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Dale 08/21/2019 Amount (\$) Payee address; City; State; Zip Code 101 Saint Joseph Drive, Brownsville, Texas 78520 \$200.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check If Auslin, TX, officeholder living expense EXPENDITURE AD Sponsor Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPEN	DITURE CATEG	ORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Expense nodals Expense	Office Ove Poiling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
		ion Guide explains	how to c	amplete this form.	
1 Total pages Schedule F1:	Eddie Trevino,	Tn		ĺ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	JI.			
09/20/2019	West Brownsy	ville Lion's (Club		
6 Amount (\$)	7 Payee address;	City; State; Zíp	Code		
\$120.00	West Browns	ville Lion's	Club,	Brownsville,	Tx 78520
8	(a) Category (See Categories its	led at the top of this sche	edule)	(b) Description	-
PURPOSE	•			Check If travel out	side of Texas. Complete Schedula T.
OF EXPENDITURE	Ad Sponsor			Check if Austin,	TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholde	er name		Office sought	Office held
Date	Payee name	***************************************		THE STATE OF THE S	7/10/10/10
10/08/2019	City of Browns	ville			
Amount (\$)	Payee address; C	Olty; State; Zip C	Code		
\$ 100.00	1001 E. Elizab	eth St., Brov	wnsvi	ille Texas 785	520
	Category (See Calegories liste	ed at the top of this sched	(elut	Description	
PURPOSE OF				<u> </u>	de of Texas. Complete Schedule T.
EXPENDITURE	Veteran's Progra	m Ad		Check if Auslin, T	'X, officeholder flying expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	name	<u>l</u>	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
Juic	· ayaa nama				
10/11/2019	SMKT				
Amount (\$)	Payee address; Ci	ty; State; Zlp Co	ode		
\$350.00	2108 Central Bl	vd., Browns	sville	, Texas 78520)
	Category (See Categories listed	nt the top of this schedu	ile)	Description	
PURPOSE OF				[]	e of Texas. Complete Schedule T.
	Website Domain		1	L Check if Austin, TX	6, officeholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder Eddie Trevino, Jr.	name	<u>-</u> - <u> </u>	Office sought Can	neron County Judge
	ATTACH ADDITION	AL COPIES OF T	'HIS SCI	HEDULE AS NEEDE	D

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fees O Food/Beverage Expanse P By Gift/Awards/Memorials Expanse P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense finiting Expense alaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F		on to complete this tonic	3 Filer ID (Ethics Commission Fliers)
3	Eddie Trevino, Jr.		i a Their ID (Ethics Commission Fliers)
4 Date 11/22/2019	5 Payee name		
6 Amount (\$)	Adrian Gonzalez Campaign 7 Payee address; City; State; Zip C		
\$125.00	1270 N. Fannin, San Benito		
8	(a) Category (See Categories listed at the top of this sched		VIII.
PURPOSE		, I , , , , , , , , , , , , , , , , , ,	riside of Texas. Complete Schedule T.
OF EXPENDITURE	Ad Sponsor	Check if Austin	, TX, officeholder living expense
,	7 td Sponsor		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
11/22/2019	Migdalia Lopez Campaign		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$150.00	913 E. Harrison Ave. #18, H	Iarlingen, Texas 7	8550
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF		, —	ide of Texas, Complete Schedule T.
EXPENDITURE	Ad Sponsor	L Check il Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	With the second	
12/6/2019	Cameron County		
Amount (\$)	Payee address; Clty; State; Zip Coo	de	
\$300.00	1100 E. Monroe St., Browns	ville, Texas 78520	0
DUDDO	Category (See Categories listed at the top of this schedule	,	
PURPOSE OF EXPENDITURE	Christmas Party		te of Texas. Complete Schedule T. X, officeholder fiving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Eddie Trevino, Jr.	C	ameron County Judge
	ATTACH ADDITIONAL COPIES OF TH		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he 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	y; State; Zip Code
	7 Description of investment	
Operation in the contract of t	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
Por	Address of person from whom investment is purchased; City	; State; Zip Code
2000	Description of investment	
oo ta	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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense 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 explains 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	5 Date 6 Payee name					
7 Amount (\$)	8 Payee	address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE		Political	Non-Politica	I		
10 PURPOSE OF EXPENDITURE						
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	f	Political	Non-Politica	1		
PURPOSE OF Expenditure	Catego	vry {See Calegories listed at the top of this	schedule}		rt Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
***************************************	ATTAC	H ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEI	EDED	

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how	es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder fiving expense	
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	l	of Texas. Complete Schedule T. officeholder fiving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended		g dahlaka kalanan ayan ayan ayan ayan ayan ayan aya		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	The Instruction Guide explains 2 FILER NAME	now to complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip) Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		41
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside a	of Texas. Complete Schedule T. 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 NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

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

SCHEDULE K

The	dule K:				
2 FILER NAME	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;	Zip Code			
Vince.	Purpose for which amount is received Check if p	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 p	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 p	olitical contribution i	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission	n Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H					Schedule D	Schedule F1	
6 Dates of travel 7 Name of person(s) traveling							
	8 Departu	re city or r	name of departure loca	tion			
	9 Destinat	ion city or	name of destination lo	cation			
10 Means of transporta	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 / Expend	r1	I on: dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	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 location						
	Destinati	on city or	name of destination lo	cation			
Means of transporta	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:							
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	f travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location					WWW.huAdada	
Means of transportat	ion	Purpo	se of travel (including i	name of conference, se	eminar, or other event)		
	AT	TACH AD	DDITIONAL 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 Complete only if "Report Type" on page 1 is marked "F						
1	C/OH N		2 Filer ID (Ethics Commission Filers)					
3	SIGNA	SIGNATURE						
	ing a re	ot expect any further political contributions or political expenditures in connection with report as a final report terminates my campaign treasurer appointment. I also undersoutions or make any campaign expenditures without a campaign treasurer appointment.	stand that I may not accept any campaign					
		Signa	ature of Candidate / Officeholder					
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder							
	A.	CAMPAIGN FUNDS						
	Chec	ck 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 may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political income earned on political contributions in accordance with the requirements of Electrical contributions.	ncome earned on political contributions to ed contributions and that I may not retain ntributions longer than six years after filing I contributions and unexpended interest or					
	В.	ASSETS						
	Chec	ck only one:						
		I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.					
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or o personal use. I also understand that I must dispose of assets purchased with pol requirements of Election Code, § 254.204.	other income from political contributions to					
			Signature of Candidate					
5		EHOLDER uplete this section <i>only</i> if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder wh file. I am also aware that I will be required to file reports of unexpended contributions i officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as an					
			Signature of Officeholder					