TREJO

Runoff Report July 15, 2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR/ FIRST	MI	OFFICE USE ONLY
IVAIUL	Mike RED	SUFFIX	Date Received WALK IN CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; O	CITY; STATE; ZIP CODE	2: 2020 JUL 1 5 2020
Change of Address	Marining Ciri	10001	RECEIVED O
5 CANDIDATE/ OFFICEHOLDER PHONE	(954) 45H -3888	EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS MRS MR FIRST	. MI	Receipt # Amount \$
NAME	NICKNAME LAST	, , , , , , , , , , , , , , , , , , ,	Date Processed
	Aguilar		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLASE); APT / SY ASTIC BUFEY Haylingen IX	Potts Pcl	STATE; ZIP CODE
	9		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (050) 330 - 30	EXTENSION	
9 REPORT TYPE	January 15 30th day before eld	ection Runoff	15th day after campaign treasurer appointment
	July 15 8th day before elec	etion Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	01 /01 /2020	THROUGH 06/	Day Year 30 / 202 ()
11 ELECTION	ELECTION DATE Month Day Year Primary 03/03/20 General	Runoff Description Special	
12 OFFICE	OFFICE HELD (If any) JUSTICE of the Red PCT 5-3	13 OFFICE SOUGHT (if known)	
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Michael	E Trejo.	er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOILURES.	THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	·		
146	GENERAL	COMMITTEE ADDRESS			
	* • .				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages	•	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	,				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY)	\$		
· ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ MOD .00		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$					
	4. TOTAL	POLITICAL EXPENDITURES	s 6591.04		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	s 17492.68		
18 AFFIDAVIT					
	ARRELL OTIS POW		1		
4 7.72° 1.01°	nm. Expires 09-10- lotary (D. 1262477		or Officeholder		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscribed before me, by the said Michael E. Trejo , this the 15 th					
day of July , 20 20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
5.g., 5 0 0 0 1100 1 dd	g dett	The state of smoot definitioning date.	,		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

<u> </u>			
19	FILER NAME 2	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ MOO. W
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 3000 CC
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$ 65A1.04
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$5142.6X
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ «czasiacamod/lipsystemblinge
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	S annual management of the second of the sec
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

MONETA	RY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Inst	truction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	like Trejo	3 Filer ID (Ethics Commission Filers)
01/06/2020	Full name of contributor out-of-state PAC (ID#:) LOYICA Out-of-state PAC (ID#:) CONTRIBUTOR address; State; Zip Code Contributor address; State; Zip Code	7 Amount of contribution (\$)
6 Principal occupatio	on / Job title (See Instructions) 9 Employer (See Instructions)	ions)
1/4/20 +	Contributor address; Zip Code PUS Govern K 1858	Amount of contribution (\$)
Timopa codepation	n / Job title (See Instructions) Employer (See Instructions)	ons)
19/20 h	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation	/ Job title (See Instructions) Employer (See Instructi	ons)
1 OS M	OP W. Havison Avenue	Amount of contribution (\$)
Principal occupation	/ Job title (See Instructions) Employer (See Instructions)	ons)
		•
lf co	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE ontributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Capalidate/Officebolder/Political Comprises

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee	Legal Services		Salaries/Wa	ges/Contract	t Labor		enter a category	not listed above)
		The Instruction G	Buide explains I	how to co	mplete this	s form.			
1 Total pages Schedule F2:	2 FILER	NAME MILE	Trei	0			3 Filer	ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEN	MIZED UN	PAID INCURR	ED OBLIGA	T ATIONS	;		\$		
5 Date 12 2016	6 Payeou	one E		ve i	0				·
J. 6743.68	33°C + Ly	address; (NO) Ninger	165 F	WE T	X55.	Oity;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Politi	ical				
10	(a) Categor	y (See Categories listed	at the top of this sch	nedule)	(b) Descri	iption			
PURPOSE OF EXPENDITURE	No	lection	5		R	20	•		
	(c)	Check if travel outside of Te	exas. Complete Scher	dule T,	c	heck if Aust	tin, TX, offic	eholder living e	(pense
11 Complete ONLY if direct expenditure to benefit C/OF	Cano	didate / Officeholde	r name	Offi	ice sought			Office hel	d
Date	Payee r	name							
Amount (\$)	Payee a	address;			C	city;		State;	Zip Code
TYPE OF EXPENDITURE	P	Political		Non-Politi	ical			***************************************	
PURPOSE OF EXPENDITURE	Category	y (See Categories listed a	at the top of this sch	iedule)	Desci	riptìon			
ļ		Check if travel outside of To	exas. Complete Sche	edule T.		Check if Aus	stin, TX, offi	ceholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH		lidate / Officeholde	r name	Offi	ce sought			Office held	:
	ATTAC	H ADDITIONAL C	COPIES OF T	THIS SCI	HEDULE	AS NEE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
! FILER NAME		3 Filer ID (Ethics Commission Filers)
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;	Cíty; State; Zíp Code
	Description of investment	·
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1
? FILER NAME			3 Filer ID (Ethics Commission Filers)
	Mite Ireiu		L
2/17/20	5 Full name of contributor Gout-of-state PA	AC (ID#:	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	*****
I IIII serge on a	padon 7 Job tide (See Instructions)		•
Date	Full name of contributor Unit-of-state PAC		Amount of contribution (\$)
ALPA PAC	Contributor/address: A Sity	State; Zip Code	\$200.00
	Harlingen TX 7X5	50	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
,Date į	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1/11/20	Dial M. Dunkin		4500 W
	113 ributor address: Les Loity: Havingen TX 1851	State; Zip Code	M 00-7
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	> (ID#:)	Amount of contribution (\$)
	,		
andalahan sarah persahan persahan sarah	Gontributor address:	State; Zip Code	n gelektettetten gy forten gift til stig fortilligig i Soort Andrick fortingen in 644 var i han versen og stanfor (
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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		•	

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME NIVE TROID	3 Filer ID (Ethics Commission Filers)
5 Full name of contributo out-of-state PAC (ID#: 0 5 7 0 0 0 0 0 0 0 0 0	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	itions)
The first of the property of the control of the con	
Date Full name of contributor out-of-state PAC (ID#:) State; Zip Code Contributor address; Contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Pull name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic	cal 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 WILE TRIO		3 Filer ID (Ethics Commission Filers)
1 Date 0 Z ZO	5-Payge-mame Grafik 500	0+	
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1900 BYOWNS VILLE TX	3 °14: 18531	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisins	515ns	•
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Grafik Spot		-
4 359. 80	Payee address: Q. EXPWY & DOWNSVINE TX F	(3 city; (852)	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) NAVATISING	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
01/28/20	La Feria News		
4 HOO . 00	Payee address: Main St	city;	State; Zip Code
	La teria 1x	(922)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wertisins	Description Adver.	
	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 NEE	DED

LOANS		SCHEDULE E
The Instruction Guide explains how to c	omplete this form.	1 Total pages Schedule E:
2 FILER NAME NIVE TYEIO		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Pate of loan 7 Name of lender out-of-	state PAC (iD#:)	9 Loan Amount (\$) . 00
6 Is lender a financial Institution?	State; Zip Code	10 Interest rate
Y (1) Harlingen TX	TR551	11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral .	15 Check if personal fun account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;	State; Zip Code	•
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	<u> </u>
3/2/20 Mike kejo	state PAC (ID#:)	Loan Amount (\$)
a financial Institution?	State; Zip Code	Maturity date
Y N Haringen T Principal occupation / Job title (See Instructions)	X 1855/	waterity date
Principal occupation / Job title (See instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal function account (See Instruction	ds were deposited into political ions)
GUARANTOR Name of guarantor INFORMATION	-	Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation (See Instructions)	Employer (See Instructions)	
•		
ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NEE Instruction guide for additional rep	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor. Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total Rages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Payee name 7 Payee address; 6 Amount (\$) State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) Payee address State: Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advantaling Expenses Counting Free Counting Coun			EXPENDITURE CA	TEGORIES I	FOR BOX 8(a)	**************************************	V-13
Total page 2 Schoolule Ft. 2 Filter NAME 1 Total page 3 Schoolule Ft. 2 Filter NAME 4 Date 4 Date 5 Payon arms 6 Amount (8) 0 7 Payon and Ft. 2 Filter NAME 6 Amount (8) 0 7 Payon and Ft. 2 Filter NAME 6 PURPOSE EXPENDITURE (a) Category (See Categories listed at thickport this schoolule) 7 Payon and Payon arms (b) Description 6 Purpose EXPENDITURE (c) Chick if Paulin, TX, officeholder fibring expense 6 Candidate / Officeholder name 7 Payon and Payon arms Payon and Payon arms Payon and Payon arms Category (See Categories listed at the top of this schoolule) Payon arms Category (See Categories listed at the top of this schoolule) Payon arms Category (See Categories listed at the top of this schoolule) Payon arms Candidate / Officeholder name Complete DRLY if direct expenditure to benefit C/OH Payon arms Payon arms Candidate / Officeholder name Complete DRLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Category (See Categories listed at the top of this schoolule) Payon arms Payon arms Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Category (See Categories listed at the top of this schoolule) Candidate / Officeholder name Complete DRLY if direct Can	Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ovel Polling Exp Printing Ex	rhead/Rental Expense cense pense	Transportation Equ Travel In District Travel Out Of Distr	ipment & Related Expense
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6 Amount (8)	5-2		10 like	Tre	io	3 Filer ID (Ethic	os Commission Filers)
8 PURPOSE PXPENDITURE (c) Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Payee address; Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of	a118/2U	ha	teria	New	5 5.		3/15
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9 Complete ONLY if direct expenditure to benefit C/OH Date AND DATE AND Payee name NOE NOTICE State: Zip Code WAS A Category (See Categories listed at the top of this schedule) Date AND DATE AND Payee name NOE NOTICE Schedule Towas Complete Sc	PURPOSE OF	(a) Category	(See Categories listed at the top o	f this schedule)	(b) Description		
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Category (S	See Categories listed at the top of t	his schedule)	Description		1
Payee name Date		Ch	neck if travel outside of Texas. Comple	ete Schedule T.	Check if Austli	n, TX, officeholder living	g expense
Payee name NOPH PLUS: Amount (\$) 59 Payee address; MT E Harrison Clave State; Zip Code Harringen Traffic Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	expenditure to benefit C/OH	operation and a second	the second of th		_	- 19 A	
Amount (\$) 59 Payee address; 717 E Harrison awe state; Zip Code Harringen Tx 17850 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		m.			The state of the s		
Haylingen Tx 1850 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Shirts Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	2/4/20	1/06	by Plu	15:			
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expenditure to benefit C/OH		Che	ack if travel outside of Texas. Complet	te Schedule T.	Check if Austin	ı, TX, officeholder living	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			/ Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIE	ES OF THIS S	CHEDULE AS NEE	DED	

,	EXPENDITURE CATE	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee 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)	
		ins how to complete this form.	•	
1 Total pages Schedule F1	Mike	Treju	3 Filer ID (Ethics Commission Filers)	
4 Date 20		a News		
6 Amount (\$) 00	7 Payee address; 102 5.	main 54 18	State; Zip Code	
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description		
PURPOSE OF EXPENDITURE	Adver	Politica	al Add.	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date \	Payee name			
2/31/20	Allegra			
Amount (\$), 52	Harlingen T	Sunshine Str	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories Liked at the top of this is	schedule) Description		
EAFENDITORE	Check if travel outside of Texas, Complete S	chedule T. Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held *	
expenditure to benefit C/OH	t Andrews - The Control of the Contr		The AA can be come assumed to the can	
Date \	Payee name			
1/21/20	Mc Cous			
Amount (\$) 44	Payee address; EXPWY S	3 city; X 78551	State; Zip Code	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memon Legal Services	lals Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	se Transp Travel Travel Other	l In District Out Of Distric	oment & Related Expense
The Instruction Guide explains how to complete this form.								
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
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