

MANUEL TREVINO

**SEMI-ANNUAL
REPORT
JULY 15, 2023**

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Manuel	OFFICE USE ONLY Date Received: AMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JUL 05 2023 By: <i>ah</i> RECEIVED 8:08 am Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
NICKNAME LAST SUFFIX Manny Trevino	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8555 FM 1421 Brownsville Texas 78520		
<input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (956) 535-1878		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Angelinca		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX Sandoval	7 CAMPAIGN TREASURER ADDRESS	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1705 West Adams Harlingen Texas 78520	AREA CODE PHONE NUMBER EXTENSION (956) 536-6015	8 CAMPAIGN TREASURER PHONE	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	10 PERIOD COVERED	
Month Day Year 01 / 31 / 2023	THROUGH Month Day Year 06 / 30 / 2023	11 ELECTION	
ELECTION DATE Month Day Year 03 / / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

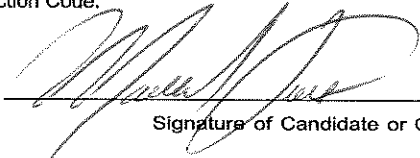
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11958.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10462.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1487.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

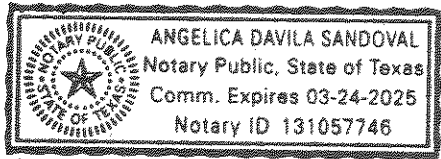
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Manuel Trevino this the 28th day of June, 2023, to certify which, witness my hand and seal of office.

A Sandoval Angelica Sandoval Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Antonio Solis 6 Contributor address; City; State; Zip Code 364 East Elizabeth Brownsville Texas 78520	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) retraurant manager		9 Employer (See Instructions) Mariscos Lauro Villar
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelina Lopez A/V Lopez Contributor address; City; State; Zip Code 1737 Boca Chica Brownsville Texas 78520	Amount of contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) N/A
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SGCSW Enterprise Contributor address; City; State; Zip Code 715 North Expressway Brownsville Texas 78520	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) N/A
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Masso Contributor address; City; State; Zip Code 1000 East Madison Brownsville Texas 78520	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) N/A
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 05/8/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond L Material 6 Contributor address; City; State; Zip Code 8250 US Hwy 281 Brownsville Texas 78520	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Contruccion		9 Employer (See Instructions) N?A
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casas Group Contributor address; City; State; Zip Code 15671 Primera road Primera Texas 78552	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Construction/home developer		Employer (See Instructions) N/A
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo De La Fuente Contributor address; City; State; Zip Code 9606 FM1421 Brownsville Texas 78520	Amount of contribution (\$) \$1250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez Developers Contributor address; City; State; Zip Code 815 Paredes road Brownsville Texas 78520	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Home developer		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 05/8/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serenity Special Services 6 Contributor address; City; State; Zip Code PO Box 3706 Brownsville texas 78523	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Health care		9 Employer (See Instructions)
Date 5/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino Wrecker service Contributor address; City; State; Zip Code 640 N Oklahoma Brownsville Texas 78521	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Wrecker service		Employer (See Instructions) N/A
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camperos Developers Contributor address; City; State; Zip Code 4 Hunters Quest Brownsville Texas 78520	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) N/A
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ace Towing & Recovery Contributor address; City; State; Zip Code 3026 N 77 Sunshine Harlingen Texas 78550	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Wrecker Service		Employer (See Instructions) N/A
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/22	5 Payee name Ivans Photographie	
6 Amount (\$) 300.00	7 Payee address; 83509	City; State; Zip Code Rio Hondo TX 78583
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Photographie
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/8/2022	Payee name Los Fresnos Chamer of commerce	
Amount (\$) 45.00	Payee address; 502 east Ocean Blvd.	City; State; Zip Code Los Fresnos TX 78566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event Expense	Description Parede entry fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/23	Payee name Provision Productions & Marketing	
Amount (\$) 1500.00	Payee address; 30 Providencia ct	City; State; Zip Code Brownsville TX 78526
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video production
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 05/20/23	5 Payee name Sams store	
6 Amount (\$) \$223.25	7 Payee address; 3570 West Alton Gloor	City; State; Zip Code Brownsville Texas 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description Drinks and plates
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/26/2023	Payee name National Printing	
Amount (\$) \$1514.50	Payee address; 1300 Trenton #115	City; State; Zip Code McAllen Texas 77504
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/24/2023	Payee name National Printing	
Amount (\$) \$257.09	Payee address; 1300 trenton # 115	City; State; Zip Code McAllen Texas 78504
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2023	5 Payee name William Franco	
6 Amount (\$) 860.00	7 Payee address; 144 Apple wood	City; State; Zip Code Brownsville TX 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertsing Expense	(b) Description political signs and bumper stickers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/9/2023	Payee name Custom Sign Solution	
Amount (\$) 2895.69	Payee address; 28 County Rd 511	City; State; Zip Code Olmito TX 78575
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2023	Payee name Family Dollar	
Amount (\$) 50.23	Payee address; 2214 Loop 499	City; State; Zip Code Harlingen TX 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Balloons
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Payee name Rene Serna	
6 Amount (\$) 600.00	7 Payee address; 3742 US77 Frontage rd	City; State; Zip Code Harlingen Texas 78552
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description Fee for hall rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/10/2023	Payee name Placido Lopez/Los Gavilanes de Harlingen	
Amount (\$) 2000.00	Payee address; 3217 Lazy Palm Drive	City; State; Zip Code Harlingen TX 78552
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Music/ Los Gavilanes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/24/2023	Payee name Haidy graphice design	
Amount (\$) 108.25	Payee address; 2409 Lexington Pl	City; State; Zip Code Brownsville Texas 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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