

EDDIE

TREVINO, JR.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">25</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ediberto J. ----- NICKNAME LAST SUFFIX Eddie Trevino, Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JAN 10 2020 3:49pm RECEIVED By: <i>[Signature]</i> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2200 Boca Chica, Ste. 102, Brownsville, Tx 78521		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 554-0683		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Evangelina ----- NICKNAME LAST SUFFIX Trevino	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 165 Calle Jacaranda, Brownsville, Texas 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-8177		
9 REPORT TYPE	<input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 15 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year / /	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) Cameron County Judge	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Eddie Trevino, Jr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

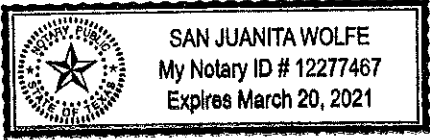
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,545.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 59,977.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 70,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Eddie Trevino, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Eddie Trevino, Jr., this the 10th day of January, 20 20, to certify which, witness my hand and seal of office.

San Juanita Wolfe San Juanita Wolfe Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Eddie Trevino, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 44,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,020.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 70,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,545.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/09/2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Raba-Kistner PAC, Inc.

6 Contributor address;

City; State; Zip Code

P.O. Box 690287, San Antonio, Texas 78269

7 Amount of contribution (\$)

\$2,500.00

8 Principal occupation / Job title (See Instructions)

Engineers

9 Employer (See Instructions)

Date

10/10/2019

Full name of contributor

out-of-state PAC (ID#: _____)

S&B PAC

Contributor address;

City; State; Zip Code

P.O. Box 266245, Houston, Texas 77207

Amount of contribution (\$)

\$5,000.00

Principal occupation / Job title (See Instructions)

Engineers

Employer (See Instructions)

Date

10/11/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Erasmus Lopez

Contributor address;

City; State; Zip Code

3420 N. Border Ave., Weslaco, Tx 78599

Amount of contribution (\$)

\$750.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

L&G Concrete

Date

10/14/2019

Full name of contributor

out-of-state PAC (ID#: _____)

Armando Sandoval

Contributor address;

City; State; Zip Code

4003 Persimmon Dr. Palmhurst, Tx 78573

Amount of contribution (\$)

\$750.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/2019

5 Full name of contributor

Michael Hernandez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address; City; State; Zip Code

5205 Montclair Dr., Colleyville, Tx 76034

8 Principal occupation / Job title (See Instructions)

Auto Leasing

9 Employer (See Instructions)

Self-Employed

Date

10/22/2019

Full name of contributor

Nicholas T. Serafy, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self-Employed

Date

10/24/2019

Full name of contributor

S.F. Vale

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

P.O. Box 156 Rio Grande City, TX 78582

Principal occupation / Job title (See Instructions)

Starr Camargo Bridge

Employer (See Instructions)

Self-Employed

Date

10/24/2019

Full name of contributor

Juan Benito Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

2632 Deer Trl, Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/2019

5 Full name of contributor

IBC State PAC

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

130 E. Travis, San Antonio, Texas 78205

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Bankers

9 Employer (See Instructions)

Date

10/24/2019

Full name of contributor

Laurie & Lorne Jonsson

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1813 Aragon Dr., Harlingen, Tx 78552

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Contractors

Employer (See Instructions)

Anderson Columbia

Date

10/24/2019

Full name of contributor

Jorge Emilio De La Garza

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1952 S. Price Rd., Brownsville, Tx 78521

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Self-Employed

Date

10/24/2019

Full name of contributor

Jacinto Garza

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

27304 South Bass Blvd., Harlingen, TX 78552

Amount of contribution (\$)

\$3,500.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

L&G Engineers

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/2019

5 Full name of contributor

Rene Ramirez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address; City; State; Zip Code

1508 S. Lone Star Way Unit 1, Edinburg, Tx 78539

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Pathfinder Public Affairs

Date

10/24/2019

Full name of contributor

Heriberto Cavazos, P.E.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

2121 Stonebriar Rd. Harlingen, Tx 78552

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Rubiano & Associates

Date

10/24/2019

Full name of contributor

Manuel M. Vela

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

437 Jennifer Ct., Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Valley Baptist Health System

Date

10/24/2019

Full name of contributor

Rudy V. Gomez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

110 Country Club, Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

11/04/2019

5 Full name of contributor

Deborah Portillo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

404 Rancho Viejo, Blvd., Brownsville, Tx 78526

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self-Employed

Date

11/04/2019

Full name of contributor

Joe D. Zayas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

616 Escandon, Rancho Viejo, Tx 78575

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Self

Date

11/04/2019

Full name of contributor

Vicente Mendez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

1920 Westminster Rd., Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Ambiotec

Date

11/04/2019

Full name of contributor

Ramiro Garza, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

1105 Berkely Edinburg, Texas 78539

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

11/04/2019

5 Full name of contributor

Theresa Ann Alacron

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

5241 Skyline, Brownsville, Texas 78526

7 Amount of contribution (\$)

\$2,000.00

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Port Isabel ISD

Date

11/04/2019

Full name of contributor

Rene Capistran

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5241 Skyline, Brownsville, Texas 78526

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

President/CEO

Employer (See Instructions)

Noble Texas Builders

Date

11/04/2019

Full name of contributor

Carlos M. Marin

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

295 Calle Jacaranda, Brownsville, Tx 78520

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Ambiotec

Date

11/05/2019

Full name of contributor

Political Action Committee of Winstead PC

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2728 North Harwood St., Dallas, Tx 75201

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

11/05/2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Linebarger Goggan Blair & Sampson, LLP

6 Contributor address;

City; State; Zip Code

P.O. Box 17428, Austin, Texas 78760

7 Amount of contribution (\$)

\$5,000.00

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Eddie Trevino, Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/24/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Rios 7 Contributor address; City; State; Zip Code 104 E. Lark Ave., McAllen, Tx 78504	8 Amount of Contribution \$ \$650.00	9 In-kind contribution description Campaign Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Engineer		11 Employer (FOR NON-JUDICIAL) (See Instructions) S&B Engineers	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 10/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Arguelles Contributor address; City; State; Zip Code 200 Tesoro Ave., Rancho Viejo, Tx 78575	Amount of Contribution \$ \$650.00	In-kind contribution description Campaign Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

11/04/2019

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

Carlos Marin

7 Contributor address; City; State; Zip Code

295 Calle Jacaranda, Brownsville, TX 78520

8 Amount of Contribution \$

\$ 720.00

9 In-kind contribution description

Campaign Dinner

Check if travel outside of Texas. Complete Schedule T.

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

Engineer

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Ambiotec

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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 complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Eddie Trevino, Jr.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

5/10/2016

7 Name of lender

Eddie Trevino, Jr.

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$70,000.

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

2200 Boca Chica Ste 102, Brownsville, Tx 78521

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

Trevino & Bodden

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date: **07/31/2019** 5 Payee name: **Jessica Beth Garcia Memorial Fund**

6 Amount (\$): **\$100.00** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: **Donation**

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

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **07/31/2019** Payee name: **Rio Hondo ISD**

Amount (\$): **\$100.00** Payee address; City; State; Zip Code: **215 West Colorado St., Rio Hondo, Texas 78583**

PURPOSE OF EXPENDITURE: **Back to School Bash donation sponsor**

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

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **08/21/2019** Payee name: **SJA**

Amount (\$): **\$200.00** Payee address; City; State; Zip Code: **101 Saint Joseph Drive, Brownsville, Texas 78520**

PURPOSE OF EXPENDITURE: **AD Sponsor**

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

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Eddie Trevino, Jr.** Office sought: **Cameron County Judge** Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 09/20/2019	5 Payee name West Brownsville Lion's Club
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6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code West Brownsville Lion's Club, Brownsville, Tx 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Sponsor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/08/2019	Payee name City of Brownsville
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Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 1001 E. Elizabeth St., Brownsville Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Veteran's Program Ad	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/2019	Payee name SMKT
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 2108 Central Blvd., Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website Domain	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Trevino, Jr.	Office sought Cameron County Judge	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Eddie Trevino, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 11/22/2019	5 Payee name Adrian Gonzalez Campaign
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6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 1270 N. Fannin, San Benito, Texas 78586
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Sponsor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/22/2019	Payee name Migdalia Lopez Campaign
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 913 E. Harrison Ave. #18, Harlingen, Texas 78550
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Sponsor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/6/2019	Payee name Cameron County
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1100 E. Monroe St., Brownsville, Texas 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Christmas Party	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Trevino, Jr.	Office sought Cameron County Judge	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment (\$)

--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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.)

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder