# MANUEL TREVINO

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 16
3 CANDIDATE/ OFFICEHOLDER NAME	Ms / MRS / MR Manuel	FIRST	MI		USE ONLY
I VAIVI⊏	NICKNAME	Trevino	SUFFIX	Date Récéivés HON DEPARTMENT O VOTER REG	F ELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		OITY: STATE; ZIP CODE	OCT O	<b>9</b> 2024
Change of Address	0000	1 W 1421 DIOV	VIISVIIIC IX 70020	- al REG	DED 8:4004
5 CANDIDATE/ OFFICEHOLDER PHONE	( 956 )	PHONE NUMBER 535-1878	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Angelica	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Sandoval	SUFFIX	Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / St.	Harlingen Tx 78550	STATE;	ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(956)	536-6015			
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after treasurer app (Officeholder	pointment
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	05	29 / 2024	THROUGH 10	/ 07 / 20	24
11 ELECTION	Month Day	Year Primary  2024 General	Runoff Cther Description  Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Cameron County S		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	-	
		GO TO F	PAGE 2		
		GO 10 1	AUL 4		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME			<b>16</b> Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	\$ 9900.
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ 9900.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	ENDITURE.	\$ 7422.79
	4. TOTAL POLITICAL EXPENDITURE	s	\$ 7422.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NOT REPORTING PERIOD	MAINTAINED AS OF THE LAST	DAY \$ 2800
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		THE \$
	rear, or affirm, under penalty of perjury, that the uired to be reported by me under Title 15, Election		and correct and includes all information
	/		
	<u> </u>	Signature of Con	didate or Officeholder
		Julighardre of Carr	didate of Officerolder
	/		
	Please complete o	either option below:	
(1) Affidavit	ANGELICA DAVILA SANDOVAL Notary Public, State of Texas Comm. Expires 03-24-2025 Notary ID 131057746		
NOTARY STAMP/SEAL		•	Al .
Sworn to and subscribed I	before me by Manuel Trevino	this the _	Stag of October,
20 to certify v	hich, witness my hand and seal of office.		Ar.L.A. Dutli
Signature of officer administer		Sandoral injecting cath	Title of officer administering path
	OR	mistering oant	Title of officer administering date
(2) Unsworn Declaratio			
		, and my date of birth is _	·
My address is		7-16-A	· · · · · · · · · · · · · · · · · · ·
Evenue in	(street)	,	ate) (zip code) (country)
Executed in	County, State of, on t	he day of (month)	, 20 (year)
		Signature of Candida	te/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Con	mmission Filers)				
21	11 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9900.				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7422.79				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

#### SCHEDULE A1

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

1116	Instruction Guide explains how to	complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME Manuel Trev					3 Filer ID (Ethics Commission Filers)
4 Date 5/3/24	Carlos Garcia	out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)
	6 Contributor address; 5592 Birders Cv E	city; B <b>rownsvill</b> e	State;	Zip Code 78526	\$250
8 Principal occuretired	Lupation / Job title (See Instructions)		9 Empl N/A	oyer (See Instruc	tions)
Date C (4.0.0.4	Full name of contributor  Julio Gonzalez	] out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
5/16/24	Contributor address; 9510 Cajun Blvd	City; Brownsville	State;	Zip Code 78566	\$500.
Principal occup Constructio	 pation / Job title (See Instructions) 			oyer (See Instruct nployed	ilons)
Date	Henry P Osher	out-of-state PAC			Amount of contribution (\$)
4/20/24	Contributor address;	City;		Zip Code	\$200.
	PoBx 6309 Bro	ownsville 7	Texas 7	8523-6309	
Principal occup	pation / Job title (See Instructions)			oyer (See Instructi nployed	ions)
Date	Full name of contributor   John L Sherold	out-of-state PAC	) (ID#:	)	Amount of contribution (\$)
5/25/24	Contributor address; 509 Morelos Ave.	city; Racho Viejo	State;	Zip Code 78575	\$350.
Principal occur	pation / Job title (See Instructions)	(40110 110)	1	oyer (See Instruct	ione)
Attorney	Main , 222 ma (222 man)		1	nployed	10113)

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

### SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME ManuelTrev			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P Pronto Bail Bonds	PAC (ID#:)	7 Amount of contribution (\$)
l	6 Contributor address; City;	State; Zip Code	
10/2/2024		rille Texas 78520	\$500.
8 Principal occu Self employe	  pation / Job title (See Instructions)   PC	9 Employer (See Instruct	·
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
8/1/2024	2005 Mercedes Street Brownsvil	,	#1000.
Principal occup Construction	nation / Job title (See Instructions)	Employer (See Instruct N/A	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
To a second seco	Contributor address; City;	State; Zip Code	
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi	ions)
	A THE CLU A PRINTING ALL COPIES		, , , , , , , , , , , , , , , , , , ,
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

# SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Manuel Trev			3 Filer ID (Ethics Commission Filers)
4 Date 03/6/24	Richard Villarreal	.C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code o Texas 78586	400.
B Principal occi Sales persor	upation / Job title (See Instructions)	9 Employer (See Instruc N/A	l utions)
Date 3/17/24	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/1 <i>//2</i> 4	Contributor address; City;  2901 Central Brownsv	State; Zip Code	\$2000.
Principal occu Self employ	pation / Job title (See Instructions) ed	Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC (ID#:)  Carlos Marin		Amount of contribution (\$)
3/18/24	Contributor address; City; 295 calle Jacaranda Brownsville	State; Zip Code le Texas 78520	\$500.
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/19/24	Contributor address; City; 310 Hanmore Industrial Pkwy Harlingen	State; Zip Code	\$500.
Principal Accum	pation / Job title (See Instructions)	Employer (See Instruct	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### SCHEDULE A1

Manuel Trevino  4 Date 3/22/24   5 Full name of contributor Roque Leal Jr.   6 Contributor address; City; State; Zip Code 8250 US Hwy 281 Brownsville TX 78520   \$500.  8 Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)   Self employed    Date   Full name of contributor David Barraza   Contributor address; City; State; Zip Code   \$2000.    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Self employed    Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Construction   Date   Full name of contributor David Barraza   Contributor address; City; State; Zip Code   \$2000.    Principal occupation / Job title (See Instructions)   Self employed   Amount of contribution (\$)    Amount of contribution (\$)   \$2000.    Principal occupation / Job title (See Instructions)   Self employed   \$2000.    Date   Full name of contributor David Barraza   Contributor address; City; State; Zip Code   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.    Principal occupation / Job title (See instructions)   Self employed   \$2000.   \$2000.    Principal occupation / Job title (See instructions)   \$2000.	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
Roque Leal Jr. 6 Contributor address; City; State; Zip Code 8250 US Hwy 281 Brownsville TX 78520 \$500.  3 Principal occupation / Job title (See Instructions)  Construction  Date Journal Barraza  Contributor address; City; State; Zip Code 5563 Whisperwind  Date Principal occupation / Job title (See Instructions)  Construction  Date Pull name of contributor David Barraza  Contributor address; City; State; Zip Code 5563 Whisperwind Brownsville Texas 78526  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor Gustavo Ruiz Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Contributor address; City; State; Zip Code Self employed					3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Construction  Date 3/29/24  Full name of contributor David Barraza  Contributor address; 5563 Whisperwind  Date Bruin ame of contributor David Barraza  Construction  Date Full name of contributor David Barraza  Contributor address; 5563 Whisperwind  Date Bruin ame of contributor David Barraza  Construction  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Self employed  Amount of contribution (\$)  Self employed  Amount of contribution (\$)  Construction  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Employer (See Instructions) Self employed  Amount of contribution (\$)  David Barraza  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Employer (See Instructions) Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Construction  Date Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)	4 Date 3/22/24	Roque Leal Jr.			7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Construction  Date 3/29/24  Full name of contributor David Barraza  Contributor address; City; State; Zip Code 5563 Whisperwind  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Employer (See Instructions) Self employed  Principal occupation / Job title (See Instructions) Construction  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Construction  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Full name of contributor Self employed  Amount of contribution (\$)  Construction  Date Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code Sel nstructions) Self employed  Arnount of contribution (\$)  Annount of contribution (\$)					
Construction  Date 3/29/24  Full name of contributor David Barraza  Contributor address; 5563 Whisperwind  Principal occupation / Job title (See Instructions) Construction  Date 4/12/24  Full name of contributor David Barraza  City; State; Zip Code Self employed  Employer (See Instructions) Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Employer (See Instructions) Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code Self employed  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code Self employed  Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)		8250 US Hwy 281 E	3rownsville T	X 78520	\$500.
David Barraza  Contributor address; City; State; Zip Code \$2000.  Principal occupation / Job title (See Instructions)  Construction  Date  Full name of contributor David Barraza  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Construction  Principal occupation / Job title (See Instructions)  Construction  Date  Full name of contributor David Barraza  City; State; Zip Code \$2000.  Employer (See Instructions)  Self employed  Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code Self employed  Amount of contribution (\$)  Construction  Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code \$500.	•	•			ctions)
Contributor address; City; State; Zip Code \$2000.  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor David Barraza  4/12/24  Contributor address; City; State; Zip Code \$2000.  Principal occupation / Job title (See Instructions)  Construction  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor David Barraza  Contributor address; City; State; Zip Code \$2000.  Principal occupation / Job title (See Instructions)  Construction  Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)  Construction  Construction  Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$)  Construction  Amount of contribution (\$)			out-of-state PAC	> (ID#:)	Amount of contribution (\$)
S563 Whisperwind   Brownsville Texas 78526	3/29/24	Contributor address;			\$2000
Construction    Date   Full name of contributor   David Barraza		5563 Whisperwind	Brownsv	ville Texas 78526	φ2000.
David Barraza  Contributor address; City; State; Zip Code \$2000.  5563 whisperwind Brownsville Texas 78526  Principal occupation / Job title (See Instructions) Construction  Date Full name of contributor Out-of-state PAC (ID#		•		1	ctions)
Contributor address; City; State; Zip Code \$2000.  5563 whisperwind Brownsville Texas 78526  Principal occupation / Job title (See Instructions) Construction  Date Full name of contributor out-of-state PAC (ID#:		David Barraza			
Principal occupation / Job title (See Instructions) Construction  Date Full name of contributor Gustavo Ruiz  Contributor address; City; State; Zip Code 21434 Retama rd  Brownsville Texas 78526  Employer (See Instructions) Self employed  Amount of contribution (\$)  State; Zip Code 4500.	4/12/24	J			
Construction  Self employed  Full name of contributor  out-of-state PAC (ID#: Amount of contribution (\$)  Gustavo Ruiz  Contributor address; City; State; Zip Code \$500.		5563 whisperwind	Brownsvil	le Texas 78526	
Gustavo Ruiz  Contributor address; City; State; Zip Code \$500.	•	•			inctions)
21434 Retama rd Harlingen TX 78550			out-of-state PAC	; (ID#:)	Amount of contribution (\$)
21434 Retama rd Harlingen TX 78550	5/2/24	Contributor address;	City;	State; Zip Code	\$500.
		21434 Retama rd	Harlinge	∍n TX 78550	
Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Self employed		pation / Job title (See Instructions)		1	ctions)

Forms provided by Texas Ethics Commission

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filer
4 Date 5/8/24	5 Payee name Ricarods Restaurant	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
91.37	425 east 10th	Brownsville Texas 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event expenses	food/beverages
	(c) 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/5/24	Biggos restaurant	
Amount (\$)	Payee address;	Clty; State; Zip Code
445.53	464 Paredes line rd	Brownsvile Tx 78751
****	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event expenses	food/beverages
	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	Payee name	
5/9/24	Cafe Amiga	
Amount (\$)	Payee address;	City; State; Zip Code
81.85	644 Palm Blvd	Brownsville Texas 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event expenses	food/beverages
	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 NEEDED

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

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

,	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/24	5 Payee name Carisma printing	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
292.28	2100 Central Blvd	Brownsville Texas 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Political signs
	(c) 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/26/24	The ink Spot	
Amount (\$)	Payee address;	City; State; Zip Code
644.73	1601 E/ Alton	Brownsvile Tx 78751
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Political signs
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
4/25/24	National Printing	
Amount (\$)	Payee address;	City; State; Zip Code
59.24	1300 Trenton #115	McAllen Texas 78504
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Political signs
	Check if travel outside of Texas, Complete Schedule T.	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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Manuel Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/24	5 Payee name Carisma printing	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1028.38	2100 Central Blvd	Brownsville Texas 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Political signs
	(c) 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/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/26/24	THaydy	
Amount (\$)	Payee address;	City; State; Zip Code
124.48	2409 Lexington road	Brownsvile Tx 78751
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Political cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/9/24	Haidy Yarritu	
Amount (\$)	Payee address;	City; State; Zip Code
90.0	2409 Lexington road	Brownsvile Tx 78751
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Political cards
	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 NEEDED

# 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
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

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 5/9/24	5 Payee name Mario Villarreal	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
600.00	720 Pinefalls	Brownsville Texas 78521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Political shirts
	(c) 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/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/23/24	Guillerno Ordaz	
Amount (\$)	Payee address;	City; State; Zip Code
300.00	9375 Old Hwy 281	Brownsvile Tx 78751
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event expenses	portable restroom rental
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/3/24	Broken Sprocket	
Amount (\$)	Payee address;	City; State; Zip Code
600.00	6305 Paredes Ln road	Brownsville Tx 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event expenses	food and drinks
	Check if travel outside of Texas, Complete Schedule T.	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 THI	S SCHEDULE AS NEEDED

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

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

Orduit Gald Fayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission	n Filers)
4 Date 03/29/24	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	е
173.0	1095 West Buisness Hwy 77 San	Benito	Tx 78586	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event expenses	food/beverage:	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/10/24	Sams Club			
Amount (\$)	Payee address;	City;	State; Zip Code	8
140.11	3570 West Alton Gloor	Br	ownsvile Tx 78751	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event expenses	Drinks		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/27/24	HEB			
Amount (\$)	Payee address;	City;	State; Zip Code	<b>3</b>
82.27	1628 Central Ave. Brown	nsville Tx	78520	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event expenses	food and dri	nks	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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	

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

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

Sieux Calu Fayinerii	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	2 FILER NAME Manuel Trevino		3 Filer ID (Eth	nics Commission Filers)	)
4 Pate 4/25/24	<sup>5</sup> Payee name National Printing				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
129.90	1300 Trenton #115	McAllen	Texas	78504	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Marine from the control of the contr		_
PURPOSE OF EXPENDITURE	Advertising	Political signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder liv	ing expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
4/26/24	National Printing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
129.90	1300 Trenton #115	McAllen	Texas	78504	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Political signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	***************************************			
03/12/24	National Printing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
294.44	1300 Trenton #115	McAllen	Texas	78504	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Political sign	s		
	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	A	

#### 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Onle (enter a category northstati applye)			
1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission Filers)			
4 Date 4/21/2024	5 Payee name I -Hop restruant					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
152.07	1102 Ed Carrey H	larlingen	TX 78550			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event expenses	food/beverage	98			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/22/24	Walmart					
Amount (\$)	Payee address;	City;	State; Zip Code			
168.88	1004 West Ocean Los Fr	esnos Texa	s 78566			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expenses	kids bikes giv	e away			
	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	Payee name					
04/04/24	Home depo					
Amount (\$)	Payee address;	City;	State; Zip Code			
43.14	4710 South Expressway	Harlingen TX 78550				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising expenses	Political sign m	naterial			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	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						

### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	0.1101 (0.1101 12.0010	gory not hold above)	
1 Total pages Schedule F1:	2 FILER NAME Manuel Trevino		3 Filer ID (Ethics Commission Filers)		
4 Date 5/6/24	5 Payee name		<u> </u>	***************************************	
3/0/24	Home depo				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
278.97	4710 South Expressway	Harlingen TX 78550			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Political sign material			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held		Office held	
Date	Payee name				
5/7/2024	Javier Borrado				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1000.0	2923 Picasso L.	Brownsville	Tx 785	521	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising expenses	Political signs	i.		
	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	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g 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		

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Travel in District Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Manuel Trevino 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3/26/24 Carisma printing 6 Amount (\$) 7 Payee address; City; State: Zip Code 811.38 2100 Central Blvd Brownsville Texas 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising OF Political signs **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 5/8/24 THaydy Amount (\$) Payee address; City; State; Zip Code 86.60 2409 Lexington road Brownsvile Tx 78751 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Political cards Advertising **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Date 5/6/24 Carisma printing Amount (\$) Pavee address: City: State: Zip Code 2100 Central Blvd 44.83 Brownsville Texas 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Advertising Political cards 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED