

MANUEL TREVINO

30 Days Before
Election

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Manuel <hr/> NICKNAME LAST SUFFIX Trevino	OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION OCT 09 2024 RECEIVED ah @ 8:40am Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8555 FM 1421 Brownsville Tx 78520 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 535-1878		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Angelica <hr/> NICKNAME LAST SUFFIX Sandoval		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1705 W. Adams Harlingen Tx 78550 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 536-6015		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year 05 / 29 / 2024 THROUGH 10 / 07 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 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) Cameron County 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	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	

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)	\$ 9900.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9900.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 7422.79
	4. TOTAL POLITICAL EXPENDITURES	\$ 7422.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2800
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

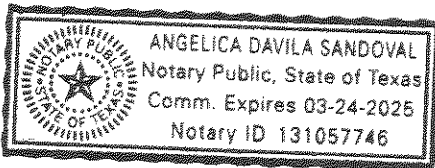
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

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 8th day of October,

2024, to certify which, witness my hand and seal of office.

[Signature] 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9900.
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7422.79
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

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 5/3/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Garcia	7 Amount of contribution (\$) \$250..
6 Contributor address; City; State; Zip Code 5592 Birders Cv Brownsville TX 78526		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N/A
Date 5/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio Gonzalez	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 9510 Cajun Blvd Brownsville Texas 78566		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self employed
Date 4/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry P Osher	Amount of contribution (\$) \$200.
Contributor address; City; State; Zip Code PoBx 6309 Brownsville Texas 78523-6309		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Self employed
Date 5/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John L Sherold	Amount of contribution (\$) \$350.
Contributor address; City; State; Zip Code 509 Morelos Ave. Racho Viejo Tx 78575		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 10/2/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pronto Bail Bonds 6 Contributor address; City; State; Zip Code 554 E. Jackson Brownsville Texas 78520	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) N/A
Date 8/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Gonzalez Contributor address; City; State; Zip Code 2005 Mercedes Street Brownsville Texas 78520	Amount of contribution (\$) <i>\$1000.00</i>
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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 03/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Villarreal	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 667 South Reagan San Benito Texas 78586	400.
8 Principal occupation / Job title (See Instructions) Sales person		9 Employer (See Instructions) N/A
Date 3/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Gavito	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2901 Central Brownsville Texas 78520	\$2000.
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) N/A
Date 3/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Marin	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 295 calle Jacaranda Brownsville Texas 78520	\$500.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 3/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Mares	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 310 Hanmore Industrial Pkwy Harlingen TX 78550	\$500.
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 3/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roque Leal Jr.	7 Amount of contribution (\$) \$500.
6 Contributor address; City; State; Zip Code 8250 US Hwy 281 Brownsville TX 78520		
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) Self employed
Date 3/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Barraza	Amount of contribution (\$) \$2000.
Contributor address; City; State; Zip Code 5563 Whisperwind Brownsville Texas 78526		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self employed
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Barraza	Amount of contribution (\$) \$2000.
Contributor address; City; State; Zip Code 5563 whisperwind Brownsville Texas 78526		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self employed
Date 5/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo Ruiz	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 21434 Retama rd Harlingen TX 78550		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 5/8/24		5 Payee name Ricarods Restaurant			
6 Amount (\$) 91.37		7 Payee address; City; State; Zip Code 425 east 10th Brownsville Texas 78520			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses		(b) Description food/beverages		
	<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	
Date 5/5/24		Payee name Biggos restaurant			
Amount (\$) 445.53		Payee address; City; State; Zip Code 464 Paredes line rd Brownsville Tx 78751			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description food/beverages		
	<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	
Date 5/9/24		Payee name Cafe Amiga			
Amount (\$) 81.85		Payee address; City; State; Zip Code 644 Palm Blvd Brownsville Texas 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description food/beverages		
	<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	

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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 5/8/24	5 Payee name Carisma printing	
6 Amount (\$) 292.28	7 Payee address; City; State; Zip Code 2100 Central Blvd Brownsville Texas 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/24	Payee name The ink Spot	
Amount (\$) 644.73	Payee address; City; State; Zip Code 1601 E/ Alton Brownsville Tx 78751	
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 4/25/24	Payee name National Printing	
Amount (\$) 59.24	Payee address; City; State; Zip Code 1300 Trenton #115 McAllen Texas 78504	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 5/16/24	5 Payee name Carisma printing	
6 Amount (\$) 1028.38	7 Payee address; City; State; Zip Code 2100 Central Blvd Brownsville Texas 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political signs
	(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 3/26/24	Payee name THaydy	
Amount (\$) 124.48	Payee address; City; State; Zip Code 2409 Lexington road Brownsvile Tx 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political 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
Date 5/9/24	Payee name Haidy Yarritu	
Amount (\$) 90.0	Payee address; City; State; Zip Code 2409 Lexington road Brownsvile Tx 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 5/9/24		5 Payee name Mario Villarreal			
6 Amount (\$) 600.00		7 Payee address; City; State; Zip Code 720 Pinefalls Brownsville Texas 78521			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Political shirts		
	(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 3/23/24		Payee name Guillermo Ordaz			
Amount (\$) 300.00		Payee address; City; State; Zip Code 9375 Old Hwy 281 Brownsville Tx 78751			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description portable restroom rental		
	<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 5/3/24		Payee name Broken Sprocket			
Amount (\$) 600.00		Payee address; City; State; Zip Code 6305 Paredes Ln road Brownsville Tx 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description food and drinks		
	<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 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 03/29/24	5 Payee name HEB	
6 Amount (\$) 173.0	7 Payee address; City; State; Zip Code 1095 West Buisness Hwy 77 San Benito Tx 78586	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description food/beverages
	(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 5/10/24	Payee name Sams Club	
Amount (\$) 140.11	Payee address; City; State; Zip Code 3570 West Alton Gloor Brownsville Tx 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	Description Drinks
	<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 5/27/24	Payee name HEB	
Amount (\$) 82.27	Payee address; City; State; Zip Code 1628 Central Ave. Brownsville Tx 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	Description food and drinks
	<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 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 4/25/24		5 Payee name National Printing			
6 Amount (\$) 129.90		7 Payee address; 1300 Trenton #115		City; McAllen	State; Zip Code Texas 78504
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) 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		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/26/24	Payee name National Printing				
Amount (\$) 129.90	Payee address; 1300 Trenton #115		City; McAllen	State; Zip Code Texas 78504	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/12/24	Payee name National Printing				
Amount (\$) 294.44	Payee address; 1300 Trenton #115		City; McAllen	State; Zip Code Texas 78504	
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 ONLY 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 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 4/21/2024	5 Payee name I -Hop restruant	
6 Amount (\$) 152.07	7 Payee address; City; State; Zip Code 1102 Ed Carrey Harlingen TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description food/beverages
	(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 03/22/24	Payee name Walmart	
Amount (\$) 168.88	Payee address; City; State; Zip Code 1004 West Ocean Los Fresnos Texas 78566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description kids bikes give away
	<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 04/04/24	Payee name Home depo	
Amount (\$) 43.14	Payee address; City; State; Zip Code 4710 South Expressway Harlingen TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expenses	Description Political sign material
	<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			

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 5/6/24	5 Payee name Home depo	
6 Amount (\$) 278.97	7 Payee address; City; State; Zip Code 4710 South Expressway Harlingen TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political sign material
	(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 5/7/2024	Payee name Javier Borrado	
Amount (\$) \$1000.0	Payee address; City; State; Zip Code 2923 Picasso L. Brownsville Tx 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expenses	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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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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 3/26/24	5 Payee name Carisma printing	
6 Amount (\$) 811.38	7 Payee address; City; State; Zip Code 2100 Central Blvd Brownsville Texas 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political signs
	(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 5/8/24	Payee name THaydy	
Amount (\$) 86.60	Payee address; City; State; Zip Code 2409 Lexington road Brownsville Tx 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political 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
Date 5/6/24	Payee name Carisma printing	
Amount (\$) 44.83	Payee address; City; State; Zip Code 2100 Central Blvd Brownsville Texas 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political 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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